

# State Well Report

## Part I

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-130  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Mike Wade  
 Date drilling completed: 5-20-05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

<p><b>Well Owner Information</b></p> <p>Owner Name: <u>Robert Smith</u></p> <p>Mailing Address: <u>204 Don Barton Rd</u></p> <p><u>Lucedale</u> <u>Ms</u> <u>39452</u></p> <p>City State Zip Code</p> <p>Telephone No. ( ) _____</p>		<p><b>Well Location</b></p> <p>Latitude: <u>30.47</u> <sup>02</sup> Longitude: <u>88.36</u> <sup>52</sup></p> <p>Method of Lat/Long (circle one): <u>Hand-held GPS</u>, Conventional Survey, Survey-grade GPS</p> <p>USGS quad, <u>NW 1/4 SW 1/4 Sec 17 Twn 73S Rng R6W</u></p> <p>Distance Direction Nearest Town</p> <p><u>8</u> Miles <u>S</u> of <u>Lucedale</u></p>
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**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 5-20-05 Date well drilling completed: 5-20-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 40 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 90 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: #2 inches Type of screen: PVC wrapped

Screen slot size: #8 inches Setting depth: From 80 feet to 90 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Michael R Fry Fogle 0408

Print Name of Water Well Contractor and License No.

Michael R Fry Fogle 0408

Signature of Water Well Contractor

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 JUN 13 2005  
 BY: OLWR



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: L-130

Elevation: \_\_\_\_\_

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Michael Wald  
 Date completed: 5-20-05

**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

Well Owner Information	Well Location
Owner Name: <u>Robert Smith</u>	Latitude: <u>30-47-025N</u> Longitude: <u>088-36-868W</u>
Mailing Address: <u>204 Don Barton Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedah Ms 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City                      State                      Zip Code	1/4                      1/4 Sec <u>17</u> Twn <u>T35</u> Rng <u>R6W</u>
Telephone No. ( ) _____	Distance                      Direction                      Nearest Town
	<u>8</u> Miles <u>S</u> of <u>Lucedah</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-20-05</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>8-12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-20-05</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>55</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</u> Gallons Per Minute	<u>15</u> feet after <u>1 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael R Fryfoels 0408                      Michael R Fryfoels 0408  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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 JUN 13 2005  
 BY: OLWR