

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-142
L. S. Elevation: _____
B-log #: _____

County: George
Permit #: _____
Driller: Mike
Date drilling completed: 12-14-05

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.

Well Owner Information		Well Location	
Owner Name: <u>Jim Quinn</u>	Latitude: <u>30 47 06 N</u>	Longitude: <u>088 36 17 W</u>	
Mailing Address: <u>159 Pleasant Lane</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS		
<u>Lucedal MS 39452</u>	USGS quad: <u>NW 1/4 SE 1/4 Sec 17 T35 R6W</u>		
City: _____ State: _____ Zip Code: _____	Distance: <u>7 1/2</u> Miles	Direction: <u>S</u>	Nearest Town: <u>Lucedal</u>
Telephone No. (_____) _____			

Well Data

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

Date well drilling started: 12-14-05 Date well drilling completed: 12-14-05

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: 85 Well depth: 85 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 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: +10 inches Setting depth: From 75 feet to 85 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 Fryfogle 0408 _____ Michael R Fryfogle 0408
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JAN 17 2006
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 #: <u>W-142</u>
Elevation: _____	

County: <u>Dezard</u>	Permit #: _____
Driller: <u>Mike</u>	Date completed: <u>12-15-05</u>

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

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Jim Quinn</u></p> <p>Mailing Address: <u>159 Pleasant Lane</u></p> <p style="text-align: center;"><u>Decadal Ms 39452</u></p> <p style="text-align: center;">City State Zip Code</p> <p>Telephone No. () _____</p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>30-47-28</u> Longitude: <u>088-36-11</u></p> <p>Method of Lat/Long (circle one): Conventional Survey,</p> <p style="text-align: center;">USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p style="text-align: center;">1/4 1/4 Sec. <u>17</u> Twn <u>T35</u> Rng <u>R6W</u></p> <p>Distance Direction Nearest Town</p> <p><u>7 1/2</u> Miles <u>S</u> of <u>Decadal</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift <u>Jet</u> Submersible</p> <p>Bucket Piston Turbine</p> <p>Centrifugal Rotary Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>12-15-05</u></p> <p>Rated Pump Capacity: <u>8-12</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas</p> <p><u>Electric Motor</u> Hand Tractor PTO</p> <p>Windmill Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1</u></p> <p>Setting Depth: <u>70</u> feet</p> <p>Number of Stages: <u>2</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>12-15-05</u></p> <p>Static Water Level (A): <u>40</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>50</u> Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>8</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p><u>Air Line</u> Electric Measuring Line Steel Tape</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded <u>8</u> GPM with a drawdown of <u>10</u> feet after <u>1 1/2</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

<p><u>Michael R Fryfogel 0408</u></p> <p>Print Name of Pump Installer and License No. (if applicable)</p>	<p><u>Michael R Fryfogel 0408</u></p> <p>Signature of Pump Installer</p>
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JAN 17 2006

BY: OLWR