

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-143
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Mike
Date drilling completed: 1-9-06

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>Clay Byrd</u>	Latitude: <u>30.48.10</u> Longitude: <u>88.32.47</u>
Mailing Address: <u>166 Mill Creek Ln</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedale MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 12 Twp T35 Rng R6W</u>
Telephone No. ()	Distance Direction Nearest Town
	<u>2</u> Miles <u>W</u> of <u>Agriola</u>

Well Data

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

Date well drilling started: 1-9-06 Date well drilling completed: 1-9-06

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

Static Water Level: 70 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 _____ feet

Type of grout (circle one): This well was plugged pump on
Cement Grout 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: 8 inches Setting depth: From 75 feet to 85 feet

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

Other (describe): _____

Top of top 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
Print Name of Water Well Contractor and License No.

Michael R Fryfogle
Signature of Water Well Contractor

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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)

County: Dezade
 Permit #: _____
 Driller: Mike
 Date completed: 1-11-06

For Office Use Only:

Aquifer: _____
 Well #: 6-143
 Elevation: _____

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>Clay Byrd</u> Mailing Address: <u>166 Mill Overton</u> <u>Lucedale Ms 39452</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>17</u> Twn <u>T35</u> Rng <u>R6W</u> Distance Direction Nearest Town <u>2</u> Miles <u>W</u> of <u>Ogrievels</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>75</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>1-11-06</u>	
Rated Pump Capacity: <u>8-2</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-11-06</u> Static Water Level (A): <u>75</u> Feet Below Land Surface Pumping Water Level (B): <u>80</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface Test Pumping Rate: <u>4</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input checked="" type="radio"/> <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>4</u> GPM with a drawdown of <u>10</u> feet after <u>1 1/2</u> hours of pumping

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

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

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