

# 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 #: M-156  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: DeSoto  
Permit #: \_\_\_\_\_  
Driller: MJK  
Date drilling completed: 4-4-06

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>William Cauley</u>		Latitude: <u>30° 44' 30"</u>	Longitude: <u>88° 28' 52"</u>
Mailing Address: <u>132 Dozer Roger Rd</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
		USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Lucedale</u> <u>MS</u> <u>39452</u>		<u>NE 1/4 SE 1/4</u> Sec. <u>33</u>	Twn <u>T35</u> Rng <u>R5W</u>
City State Zip Code		Distance <u>4 1/2</u> Miles	Direction <u>SE</u> of Nearest Town <u>Agricola</u>
Telephone No. ( ) _____			

**Well Data**

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

Date well drilling started: 4-4-06 Date well drilling completed: 4-4-06

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

Method of Measurement (circle one): air line ~~well tap~~ electric tape other: \_\_\_\_\_

Hole depth: 55 Well depth: 55 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 2 inches Type of casing: PUC 40

Screen length: 5 feet Screen diameter: 2 inches Type of screen: PUC wrapped

Screen slot size: 10 inches Setting depth: From 50 feet to 55 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 Fryfogel 0408  
Print Name of Water Well Contractor and License No.

Michael R Fryfogel 0408  
Signature of Water Well Contractor

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BY: OLWR

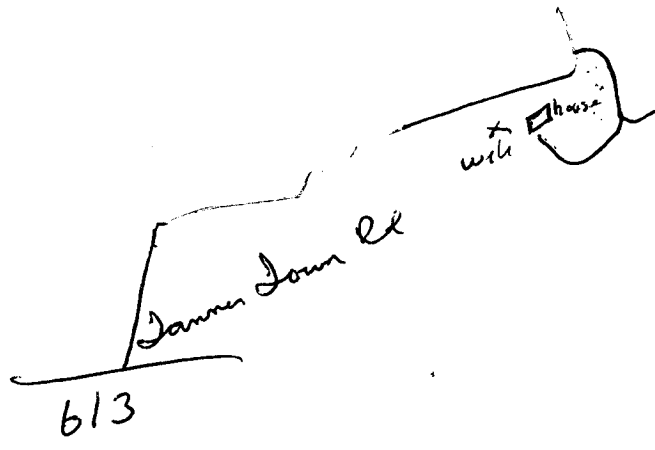
M-156

GROUND LEVEL

Clay	0	6
Sand	2	7
yellow clay	7	10
Blue clay	10	35
Coarse sand	35	55

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: William Cauley

Michael R. Fryberg 0408  
Signature of Water Well Contractor

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# 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)961-3210  
(601)354-6938 (fax)

For Office Use Only:

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

Well #: M-156

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

County: DeWitt  
 Permit #: \_\_\_\_\_  
 Driller: Mike  
 Date completed: 4-10-06

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>William Carley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>132 Dozer Pkwy Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Lucedal MS 39452</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>14 14 Sec. 33 Twn 135 Rng R5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>4 1/2 Miles SE of Agricola</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-10-06</u>	Setting Depth: <u>40</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>4-10-06</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</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>5</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 Fry Fogle 0408  
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fry Fogle 0408  
 Signature of Pump Installer

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MAY 12 2006  
 BY: OLWR