

# State Well Report

## Part 1

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-157  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: Dezoz  
Permit #: \_\_\_\_\_  
Driller: Mike  
Date drilling completed: 6-5-06

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>Roney Booth</u>	Latitude: <u>30.47062N</u>	Longitude: <u>88.25472W</u>	
Mailing Address: <u>208 Meadowlark</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>	Conventional Survey	
<u>Dezoz</u> City	USGS quad: <u>Hand-held GPS</u>	Survey-grade GPS	
<u>MS</u> State	NW <u>14</u> SW <u>14</u> Sec <u>18</u>	Twn <u>T35</u> Rng <u>R05W</u>	
<u>39293</u> Zip Code	Distance <u>6</u> Miles	Direction <u>SE</u>	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: 6-5-06 Date well drilling completed: 6-5-06

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Brick 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: 10 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 tap 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.

**RECEIVED**  
Michael R Fry Fogle  
Signature of Water Well Contractor  
BY: OLWI



# 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:

County: Dezoz  
Permit #: \_\_\_\_\_  
Driller: Mike  
Date completed: 6-15-06

Aquifer: \_\_\_\_\_  
Well #: M-150  
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>Roney Booth</u>	Latitude: <u>30-47-06<sup>N</sup></u> Longitude: <u>088-24-47<sup>W</sup></u>
Mailing Address: <u>208 Meadow Lake Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>League City 77573</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. ( ) _____	<u>1/4</u> <u>1/4</u> Sec. <u>18</u> Twp. <u>35</u> Rng. <u>R5W</u>
	Distance Direction Nearest Town <u>6</u> Miles <u>SE</u> of <u>Agriola</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      Turbine	<input checked="" type="radio"/> Electric Motor      Hand      Tractor PTO
Centrifugal: <input type="radio"/> Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>6-15-06</u>	Setting Depth: <u>70</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>6-15-06</u>	<input checked="" type="radio"/> Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</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>10</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 Eagle 0408  
Print Name of Pump Installer and License No. (if applicable)

Michael R. Fry Eagle 0408  
Signature of Pump Installer

RECEIVED

OCT 02 2005

BY: OLWF