

# 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-159  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

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

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>Jim Nathan</u>	Latitude: <u>30.46693N</u>	Longitude: <u>088.25494W</u>	
Mailing Address: <u>3983 Blackwood Dr W</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
City: <u>Jamner</u> State: <u>AL</u> Zip Code: <u>36575</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS		
Telephone No.: _____	NW 1/4 NW 1/4 Sec: <u>19</u>	Town: <u>T35</u>	Range: <u>R5W</u>
	Distance: <u>6</u> Miles	Direction: <u>S 3</u>	Nearest Town: <u>Agricola</u>

**Well Data**

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

Date well drilling started: 6-6-06 Date well drilling completed: 6-6-06

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: \_\_\_\_\_

True depth: 120 Well depth: 120 Well grouted to a depth of \_\_\_\_\_ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC wrapped

Screen slot size: 12 inches Setting depth: From 110 feet to 120 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 F Ry Pagle 0408 Michael R F Ry Pagle **RECEIVED**  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

June 2 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 39209-0631  
(601)961-5210  
(601)354-6938 (fax)

County: George  
Permit #: \_\_\_\_\_  
Driller: Mick  
Date completed: 6-15-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: M-159  
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>Jim Lathan</u>	Latitude: <u>30-46-69<sup>W</sup></u> Longitude: <u>088-25-42<sup>W</sup></u>
Mailing Address: <u>3983 Blackwood Pk</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Demmer Al 36575</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec. <u>19</u> Twn <u>T35</u> Rng <u>R5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>6</u> Miles <u>SE</u> of <u>Agricola</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> 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>6-15-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>8-12</u> Gallons Per Minute	Number of Stages: <u>9</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 <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>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</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 Fry Fogle 0408  
Print Name of Pump Installer and License No. (if applicable)

Michael R Fry Fogle 0408  
Signature of Pump Installer

RECEIVED

OCT 02 2006

BY: OLWR