

# 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 #: C-25  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Greene  
Permit #: \_\_\_\_\_  
Driller: Mik  
Date drilling completed: 4-6-06

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>Norman Wietecla</u>	Latitude: <u>31-22-28N</u> Longitude: <u>88-33-14W</u>
Mailing Address: <u>11 Sorens Path</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>State Line Ms 39362</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>26</u> Twn <u>5N</u> Rng <u>R6W</u>
Telephone No. (_____) _____	Distance: <u>4</u> Miles Direction: <u>SW</u> of Nearest Town: <u>State Line</u>

**Well Data**

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

Date well drilling started: 4-6-06 Date well drilling completed: 4-6-06

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

Static Water Level: 6" feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 108 Well depth: 108 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 98 feet Casing diameter: 2 inches Type of casing: PUC 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PUC wrapped

Screen slot size: 8 inches Setting depth: From 98 feet to 108 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

MAY 12 2006

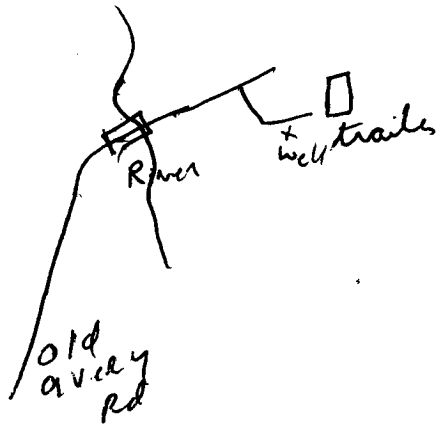
BY: OLWR

GROUND LEVEL

Clay	0	6
sand pea gravel	6	16
Clay	16	17
sand	17	20
Clay	20	24
sand	24	25
Clay	25	28
Clay	28	32
sand	32	68
Clay	68	77
silt	77	90
Clay	90	93
sand	93	95
Clay	95	108
sand		

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: Norman Wietecha

Michael R. Dryfoz 0408  
Signature of Water Well Contractor

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**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 #: C-25

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

County: Greene

Permit #: \_\_\_\_\_

Installer: Mick

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>Norman Wietecha</u>	Latitude: <u>31° 22' 28" N</u> Longitude: <u>88° 33' 14" W</u>
Mailing Address: <u>11 Serene Path</u> <u>Statelin Ms 39362</u> <u>Lumbdale M</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>T5N</u> Rng <u>R6W</u>
Telephone No. ( ) _____	Distance: <u>4</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Statelin</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> <u>Jet</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Windmill <input type="checkbox"/> Horse Power Rating of Motor: <u>1</u>
<input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO
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: _____	<input checked="" type="checkbox"/> <u>Air Line</u> <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>6'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>16'</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>9</u> GPM with a drawdown of
Test Pumping Rate: <u>9</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 Fogle 0408      Michael R Fry Fogle 0408  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 MAY 12 2006  
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