

# 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 #: F-12  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Mike Wade  
 Date drilling completed: 7.6.06

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>Chris Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>602 Wallou Dr</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>R</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Richardon Ms</u>	<u>W</u> _____ <u>Sec</u> <u>6</u> <u>Twn</u> <u>T4N</u> <u>Rn</u> <u>R7W</u>
City State Zip Code	Distance _____ Miles Direction _____ of Nearest Town <u>Sand Hill</u>
Telephone No. (_____) _____	

**Well Data**

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

Date well drilling started: 6.23.06 Date well drilling completed: 6.30.06

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

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

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

Final depth: 100 Well depth: 100 Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 4 inches Type of casing: PVC40

Screen length: 15 feet Screen diameter: 4 inches Type of screen: PVC wrapped

Screen slot size: 10' x 10 5/8 inches Setting depth: From 85 feet to 100 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 0408  
 Signature of Water Well Contractor

RECEIVED

Well was plugged, no part 2 will come in.  
JF

OCT 02 2006  
 BY: OLWR

