

# 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 #: L-37  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Green  
 Permit #: \_\_\_\_\_  
 Driller: Mike + Wade  
 Date drilling completed: 10-18-05

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>Mike Davis</u>	Latitude: <u>31° 15' 20" N</u> Longitude: <u>88° 34' 10" W</u>
Mailing Address: <u>1655 Eagle Branch Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>06</u>
<u>Kantona, AL 32533</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 NW 1/4 Sec 32 Twn 73N Rng R6W</u>
Telephone No. ( ) _____	Distance: <u>6 1/2</u> Miles Direction: <u>N</u> of Nearest Town: <u>Leaksville</u>

**Well Data**

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

Date well drilling started: 10-11-05 Date well drilling completed: 10-11-05

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

Static Water Level: 32' feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 50 Well depth: 50 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 45 feet Casing diameter: 2 inches Type of casing: PVC 40

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

Screen slot size: # 8 inches Setting depth: From 45 feet to 50 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.

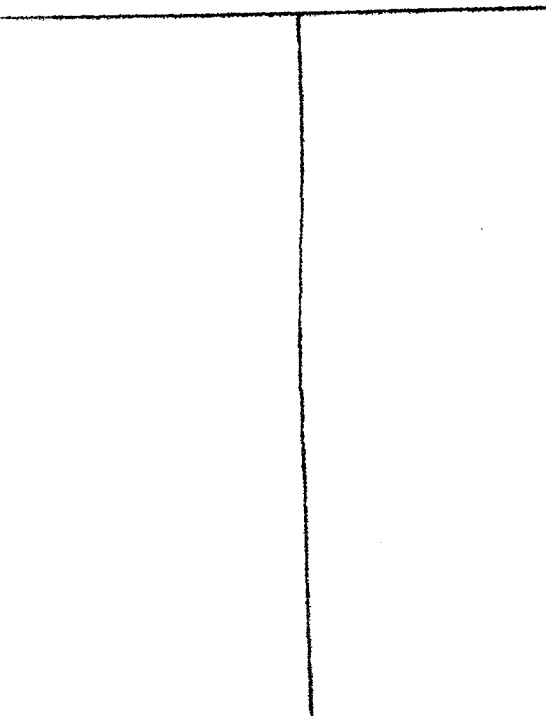
Michael R Fay / 0408 Michael R Fay / 0408  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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L-37

If well telescopes please sketch below and show depths.

Ground Level

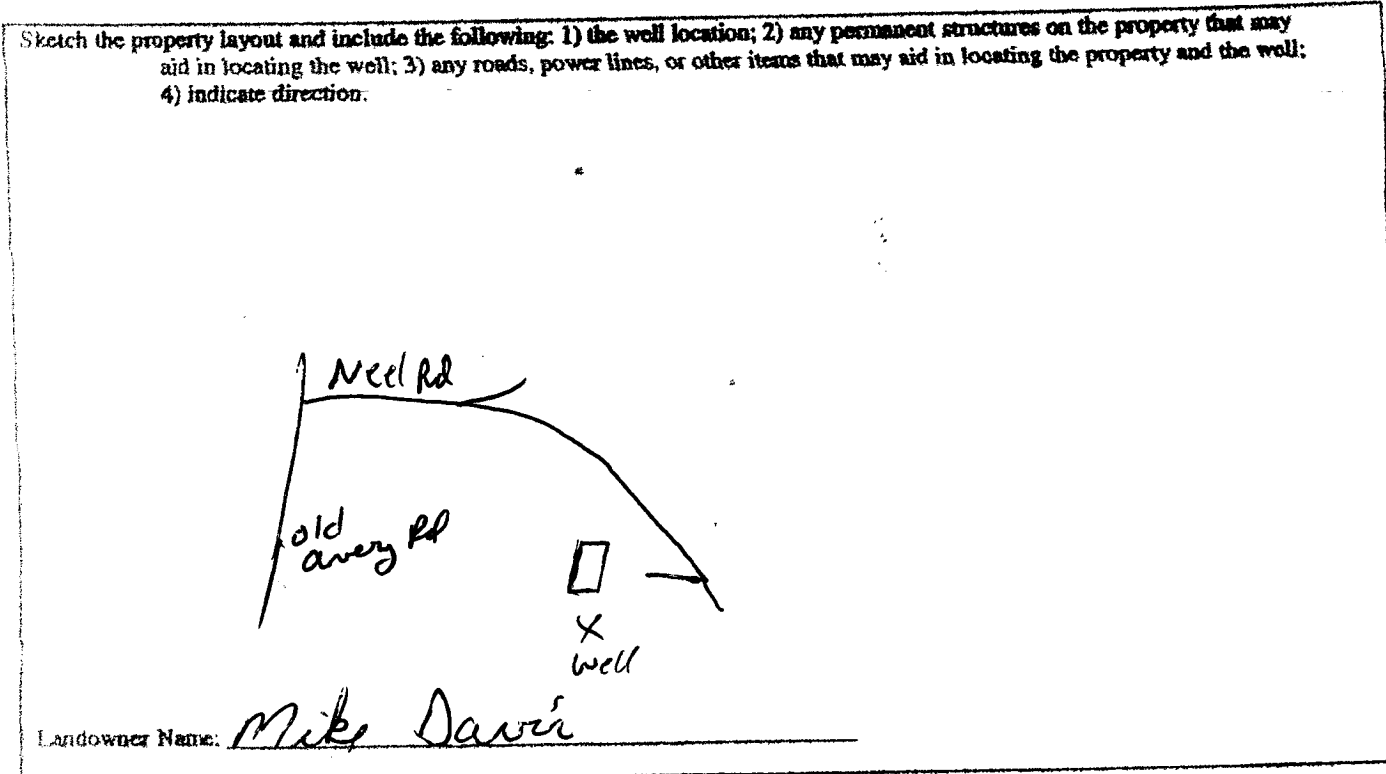


Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	7
sand	7	12
Clay	12	39
sand	39	50

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



Signature of Water Well Contractor: Michael R. [Signature] 0408

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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)961-5210  
 (601)354-6938 (fax)

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Mike & Wade  
 Date completed: 10-19-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-37  
 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>Mike Davis</u>	Latitude: <u>31-15-20N</u> Longitude: <u>088-34-10W</u>
Mailing Address: <u>1655 Eagle Linn Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Kantana MS 32533</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	1/4 1/4 Sec <u>3</u> Twn <u>T3N</u> Rng <u>R6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>6 1/2</u> Miles <u>N</u> of <u>Leakeville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <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	<u>Electric Motor</u> <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: _____	Setting Depth: <u>44</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>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>32</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>42</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>6</u> GPM with a drawdown of
Test Pumping Rate: <u>6</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 Fryfogel 0408 Michael R Fryfogel 0408  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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