

# 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 #: N-61  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: Greene  
Permit #: \_\_\_\_\_  
Driller: Mike + Ward  
Date drilling completed: 12-11-06

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>Keith Buffkin</u>	Latitude: <u>31.09.526N</u> Longitude: <u>088.49.038W</u>
Mailing Address: <u>121 White Water Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Millain Ms 39456</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>5</u> Twn <u>T2N</u> Rng <u>R8W</u>
Telephone No. ( ) _____	Distance <u>2 1/2</u> Miles Direction <u>N</u> of Nearest Town <u>Millain</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 12-7-06 Date well drilling completed: 12-7-06  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 22' feet above or below (circle one) land surface Date measured: \_\_\_\_\_  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 58 Well depth: 52 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 47 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 47 feet to 52 feet  
Type of completion (circle all applicable): Gravel packed Underreamed 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 Fryfoyle 0408

Print Name of Water Well Contractor and License No.

Michael R Fryfoyle

Signature of Water Well Contractor

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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 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: N-61

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

County: Green

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

Driller: Mike Wood

Date completed: 12-11-06

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>Keith Bueken</u>	Latitude: <u>31-09-526N</u> Longitude: <u>088-49-03W</u>
Mailing Address: <u>121 White Water Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>M'lain Ms 39456</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>5</u> Twn <u>T2N</u> Rng <u>R8W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>2 1/2</u> Miles <u>N</u> of <u>M'lain</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> <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: <u>12-11-06</u>	Setting Depth: <u>50</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="radio"/> <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>22'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>32</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 Fogle 0408  
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fry Fogle 0408  
 Signature of Pump Installer

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 JAN 17 2007  
 BY OLWR