

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Mike J Wade  
 Date drilling completed: 6-22-07

### Well Driller Report and Well Log

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-64  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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>Jack Peter</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>567 Cowart St</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sucedah</u> <u>MS</u> <u>39452</u>	<u>1/4</u> <u>1/4</u> Sec <u>35</u> Twn <u>T2N</u> Rng <u>R8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>10</u> Miles <u>SW</u> of <u>Leaksville</u>

**Well Data**

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

Date well drilling started: 6-21-07 Date well drilling completed: 6-22-07

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

Static Water Level: 189 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 300 Well depth: 300 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 290 feet Casing diameter: 4 inches Type of casing: PUC 40

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

Screen slot size: 8 inches Setting depth: From 290 feet to 300 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 Fry Fogle 0408  
 Print Name of Water Well Contractor and License No.

Michael R Fry Fogle  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

RECEIVED  
 ALL  
 BY \_\_\_\_\_



**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-64  
Elevation: \_\_\_\_\_

County: Greene  
Permit #: \_\_\_\_\_  
Driller: Mike J. Wood  
Date completed: 6-28-07

**This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name: <u>Jack Peter</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>567 Court St</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedal Ms 39452</u>	_____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>T2N</u> Rng <u>R8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>10</u> Miles <u>SW</u> of <u>Seabentle</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>6-28-07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-28-07</u>	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>109</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>124</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.

<u>Michael R Fryfogel 0408</u> Print Name of Pump Installer and License No. (if applicable)	<u>Michael R Fryfogel</u> Signature of Pump Installer
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BY: OLWR