

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

County: Deer  
 Permit #: \_\_\_\_\_  
 Driller: Michael R Fryfogle  
 Date drilling completed: 10-26-06

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>Paul Nixon</u>	Latitude: <u>31.06.339</u> Longitude: <u>88.37.581</u>
Mailing Address: <u>219 Sally Parker Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input checked="" type="radio"/> Survey-grade GPS
<u>Deerfield, MS 39452</u>	NW 1/4 NE 1/4 Sec 14 T2N R7W
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>5</u> Miles <u>W</u> of <u>Deerfield</u>

**Well Data**

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

Date well drilling started: 10-26-06 Date well drilling completed: 10-26-06

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

Static Water Level: 2' feet  above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 87 Well depth: 87 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 2 inches Type of casing: PVC 40

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

Screen slot size: 8 inches Setting depth: From 77 feet to 87 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  
 Print Name of Water Well Contractor and License No.

Michael R Fryfogle 0408  
 Signature of Water Well Contractor

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DEC 29 2006  
 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 10691  
 Jackson, MS 39288-0691  
 (601)961-5210  
 (601)334-6938 (fax)

For Office Use Only:

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Mike & Wade  
 Date completed: 10-28-06

Aquifer: \_\_\_\_\_  
 Well #: 025  
 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>Paul Rippon</u>	Latitude: <u>31-06 339N</u> Longitude: <u>088-39-551W</u>
Mailing Address: <u>219 Holly Park Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedale Ms 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 14 Twa T2W R7W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>5 Miles W of Leakeville</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
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>10-28-06</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="radio"/> <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>2' above</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>20</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>20</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 FryFogle 0408  
 Print Name of Pump Installer and License No. (if applicable)

Michael R FryFogle 0408  
 Signature of Pump Installer

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DEC 29 2006

BY: OLWR