

# 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 26  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Greene  
Parcel #: \_\_\_\_\_  
Driller: Mick & Wadd  
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>Jerry Howell</u>	Latitude: <u>31.07</u> <sup>46N</sup> Longitude: <u>88.38</u> <sup>109W</sup>
Mailing Address: <u>1125 Ave W Chaleau</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Covington Ms 39452</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 13 Twp 2N Rng R7W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>5</u> Miles <u>W</u> of <u>Deerwille</u>

**Well Data**

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 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 90 feet to 100 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. 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 10661  
Jackson, MS 39288-0631  
(601)861-5210  
(601)354-6938 (fax)

For Office Use Only:

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

Well #: Φ 26

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

County: Leflore

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

Driller: Michael Wade

Date completed: 10 28 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**

Owner Name: Jerry Howell

Mailing Address: 1125 Ave W Chaleau  
Covington MS 3945  
City State Zip Code

Telephone No. ( ) \_\_\_\_\_

**Well Location**

Latitude: 31 07.663N Longitude: 088 38.109W

Method of Lat/Long (circle one): Conventional Survey  
USGS quad, Hand-held GPS, Survey-grade GPS

14 14 Sec 13 Twp T2N Rng R7W

Distance Direction Nearest Town  
5 Miles W of Leaksville

**Pump Type**  
Circle one

Air Lift	<input checked="" type="radio"/>	Submersible
Bucket	<input type="radio"/>	Turbine
Centrifugal	<input type="radio"/>	Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 10 28 06

Rated Pump Capacity: 8-12 Gallons Per Minute

**Power Type**  
Circle one

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electric Motor	Gasoline Engine	Natural Gas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Windmill	Hand	Tractor PTO

Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 1

Setting Depth: 60 feet

Number of Stages: 2

**Pump Test Data**

Date Well Tested: \_\_\_\_\_

Static Water Level (A): 2' above Feet Below Land Surface

Pumping Water Level (B): 20 Feet Below Land Surface

Drawdown [(B) - (A)]: 20 Feet Below Land Surface

Test Pumping Rate: 8 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

**Method of Measuring Water Level**  
Circle one

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air Line	Electric Measuring Line	Steel Tape

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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  
Signature of Pump Installer

**RECEIVED**

DEC 29 2006

BY: OLWR