

# State Well Report

## Part 1

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 #: P-72  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sucre  
Permit #: \_\_\_\_\_  
Driller: Mike Wad  
Date drilling completed: 5-23-05

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>W O Williams</u>	Latitude	<u>31° 05' 45" N</u>
Mailing Address	<u>PO Box 142</u>	Longitude	<u>88° 37' 18" W</u>
		Method of Lat/Long (circle one):	Conventional Survey, _____
		USGS quad	<u>Hand-held GPS</u> ; Survey-grade GPS _____
		USGS quad	<u>NW 1/4 NW 1/4 Sec 32 Twn 12N Rng 6W</u>
City	<u>Lucedah Ms 39452</u>	Distance	<u>4</u> Miles
State	<u>Ms</u>	Direction	<u>SW</u> of
Zip Code	<u>39452</u>	Nearest Town	<u>Deerwell</u>
Telephone No. ( )	_____		

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 5-23-05 Date well drilling completed: 5-23-05  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 6' 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: 47 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 42 feet Casing diameter: 2 inches Type of casing: PVC 40  
Screen length: 5' feet Screen diameter: 2 1/2" inches Type of screen: PVC wrapped  
Screen slot size: 10 inches Setting depth: From 2' feet to 47 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 0408  
Print Name of Water Well Contractor and License No.

Michael R Fry 0408  
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 #: P-72

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

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Mike Wood  
 Date completed: 5-23-05

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>W O Williams</u>	Latitude: <u>31-05-7524</u> Longitude: <u>088-37-1874</u>
Mailing Address: <u>P O Box 142</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedal Ms 39452</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>32</u> Twn <u>T2N</u> Rng <u>R6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>SW</u> of <u>Leakeville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <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"/> Electric Motor <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>5-23-05</u>	Setting Depth: <u>30'</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>5-23-05</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>8</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>18</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>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</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 Fryfogle 0408  
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfogle 0408  
 Signature of Pump Installer

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JUN 13 2005

BY: OLWR