

# 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 #: Q-36  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Shenandoah  
 Permit #: 1234  
 Driller: Mike  
 Date drilling completed: 3-6-06

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>Willie Gray</u>	Latitude: <u>31.05.984N</u> Longitude: <u>088.26239W</u>
Mailing Address: <u>545 Gray Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Leakwell, Ms 39451</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>25</u> Twn <u>T2N</u> Rng <u>R5W</u>
Telephone No. ( )	Distance <u>7</u> Miles Direction <u>SE</u> of Nearest Town <u>Leakwell</u>

### Well Data

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

Date well drilling started: 3-6-06 Date well drilling completed: 3-6-06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 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 110 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of log 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 Page 0408  
 Print Name of Water Well Contractor and License No.

Michael R Fry 20408  
 Signature of Water Well Contractor

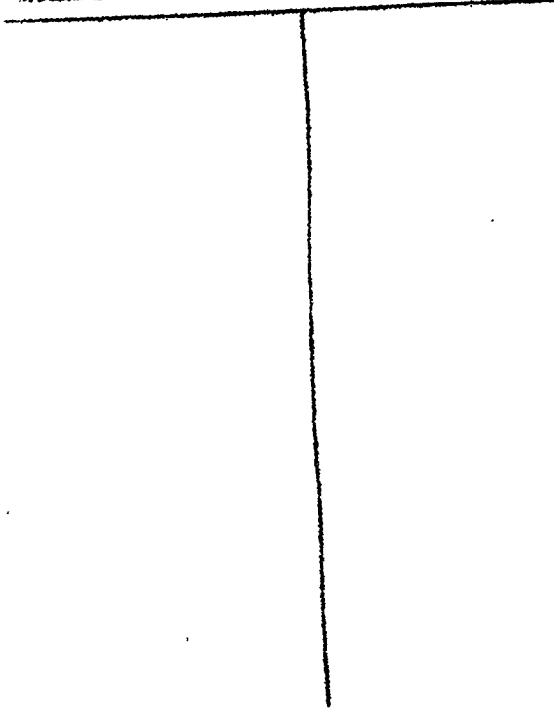
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Q-36

If well telescopes please sketch below and show depths.

Ground Level

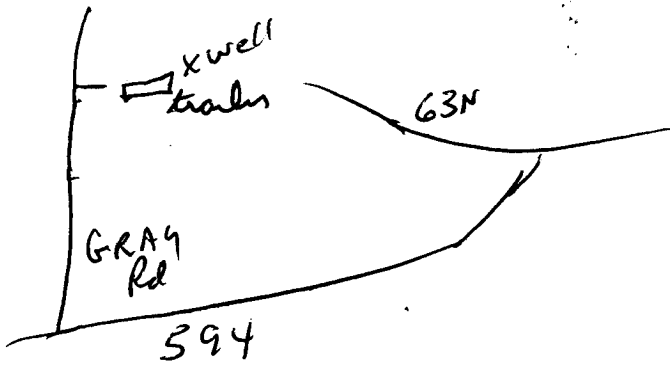


Description of Formations Encountered

	From	To
sand	0	5
Clay	5	9
sand	9	12
Clay	12	13
sand	13	25
Clay	25	45
sand	45	55
Clay	55	56
Clay rock	56	68
Clay silt	68	100
silt	100	108
fine sand	108	120

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Willie Gray

Michael R. Trapp 0405  
Signature of Water Well Contractor

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# 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)

County: Shreve  
 Permit #: \_\_\_\_\_  
 Driller: Mike  
 Date completed: 3-7-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-36  
 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>Willie Gray</u>	Latitude: <u>31-05-98.4N</u> Longitude: <u>088-26-23.9W</u> <span style="margin-left: 100px;"><u>59</u></span> <span style="margin-left: 100px;"><u>14</u></span>
Mailing Address: <u>545 Gray Rd</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Leakeville MS 39451</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>14</u> <u>14</u> Sec. <u>25</u> Twn <u>T2N</u> Rng <u>R5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>7</u> Miles <u>SE</u> of <u>Leakeville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine 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 Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-7</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>8 1/2</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-7-06</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</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. Frye 0408      Michael R. Frye 0408  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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