

# 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 #: T-50  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Mike  
 Date drilling completed: 7-13-05

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>Thomas McLeod</u>	Latitude: <u>31.01</u>	Longitude: <u>88.32</u>	<u>03</u>
Mailing Address: <u>218 Peach McLeod Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
<u>Lucedale Ms 39452</u>	USGS quad: <u>NW 1/4 NW 1/4</u>	Sec: <u>25</u>	Twn: <u>T1N</u> Rng: <u>R6W</u>
City State Zip Code	Distance: <u>10</u> Miles	Direction: <u>S</u>	Nearest Town: <u>Dealeville</u>
Telephone No. ( ) _____			

**Well Data**

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

Date well drilling started: 7-13-05 Date well drilling completed: 7-13-05

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 78 Well depth: 78 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite  Mix

Casing length: 68 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: 1/8 inches Setting depth: From 68 feet to 78 feet

Type of completion (circle all applicable):  Gravel packed  Undreamed  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 Foy Fogle 0408  
 Print Name of Water Well Contractor and License No.

Michael R Foy Fogle 0408  
 Signature of Water Well Contractor

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 JUL 28 2005  
 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 #: T-50

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

County: Greene

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

Driller: Mike

Date completed: 7-18-05

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>Thomas McLeod</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>218 Peach McLeod Rd</u> <u>Lucedale MS 39452</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>25</u> Twn <u>T1N</u> Rng <u>R6W</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town <u>Leaksville</u>
	<u>10</u> Miles <u>5</u> of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-18-05</u>	Setting Depth: <u>66</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>7-18-05</u>	<u>Air Line</u> Electric Measuring Line      Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</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 Fry Fogls 0408  
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fry Fogls 0408  
 Signature of Pump Installer

RECEIVED  
 JUL 28 2005  
 BY: OLWR