

# 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 #: U-65  
 L. S. Elevation: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

County: Green  
 Permit #: \_\_\_\_\_  
 Driller: M. H. Wad  
 Date drilling completed: 10-30-06

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>Marvin Blankinship</u>	Latitude: <u>31.03428°N</u> Longitude: <u>88.30.518°W</u>
Mailing Address: <u>10254 Hwy 63N</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input checked="" type="radio"/> Survey-grade GPS
<u>Lucedale MS 39452</u>	SW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec. <u>8</u> Twn <u>T1N</u> Rng <u>R5W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>6</u> Miles Direction: <u>SE</u> Nearest Town: <u>Leaksville</u>
Telephone No. (_____) _____	

**Well Data**

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

Date well drilling started: \_\_\_\_\_ Date well drilling completed: \_\_\_\_\_

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 150 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 140 feet to 150 feet

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

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

Top of top 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. Fryfogel 0408  
 Print Name of Water Well Contractor and License No.

Michael R. Fryfogel 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 10681  
 Jackson, MS 39288-0681  
 (601)961-5210  
 (800)354-6938 (toll-free)

For Office Use Only:

Applicator: \_\_\_\_\_

Well #: U-65

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

County: Irene  
 Permit #: \_\_\_\_\_  
 Driller: M. L. Wood  
 Date completed: 10-30-86

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: Marvin Blankinship  
 Mailing Address: 10254 Hwy 63N  
Lucedale MS 39452  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**

Latitude: 31-03-428N Longitude: 088 30 515 W  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad, Hand-held GPS, Survey-grade GPS  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec. 8 Twp. T1N Rng. R5W  
 Distance: \_\_\_\_\_ Direction: SE Nearest Town: Leaksville  
6 miles \_\_\_\_\_ of \_\_\_\_\_

**Pump Type**  
Circle one

Air Lift	Jet	<u>Submersible</u>
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): \_\_\_\_\_  
 Date Pump Installed: \_\_\_\_\_  
 Rated Pump Capacity: 10 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): _____	

Horse Power Rating of Motor: 1  
 Setting Depth: 140 feet  
 Number of Stages: 15

**Pump Test Data**

Date Well Tested: \_\_\_\_\_  
 Static Water Level (A): 80 Feet Below Land Surface  
 Pumping Water Level (B): 120 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 40 Feet Below Land Surface  
 Test Pumping Rate: 17 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 4 hours

**Method of Measuring Water Level**  
Circle one

Air Line Electric Measuring Line Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded 17 GPM with a drawdown of  
40 feet after 1 1/2 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Michael R Frypogle 048 Michael R Frypogle 048  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 DEC 29 2005  
 BY: OLWR