

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Mik & Wesad  
 Date drilling completed: 8-10-07

**Well Driller Report and Well Log**  
 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-74  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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>Rocky Hamm</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4019 Stringfellow Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Leucidal Ms 39452</u>	_____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>T1N</u> Rng <u>R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>7</u> Miles <u>SE</u> of <u>Leaksville</u>

**Well Data**

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

Date well drilling started: 8-10-07 Date well drilling completed: 8-10-07

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

Static Water Level: 75 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: 4 inches Type of casing: PUC 40

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

Screen slot size: 10 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 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 Fryfoyle 0408 Michael R Fryfoyle  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Mike + Wade  
 Date completed: 8-11-07

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-74  
 Elevation: \_\_\_\_\_

**This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name: <u>Ricby Hamm</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4019 Stringfellow Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale Ms 39452</u>	_____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>T1N</u> Rng <u>R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>7</u> Miles <u>SE</u> of <u>Leaksville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	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 1/2</u>
Date Pump Installed: <u>8-11-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>95</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>45</u> GPM with a drawdown of
Test Pumping Rate: <u>45</u> Gallons Per Minute	<u>20</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 Fryfogel 0408  
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfogel  
 Signature of Pump Installer

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 SEP 04 2007  
 BY: OLWR