

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 #: D-226
L. S. Elevation: _____
B-log #: _____

County: Jackson
Permit #: _____
Driller: Mike
Date drilling completed: 1-30-06

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>Edhel Curry</u>	Latitude: <u>30.38.881N</u>	Longitude: <u>88.24.703W</u>	
Mailing Address: <u>21000 State Line Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Mon Point Ms 39562</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS		
City State Zip Code	<u>32</u> <u>T45</u> <u>R46W</u>		
Telephone No. ()	Distance <u>5</u> Miles	Direction <u>E</u>	Nearest Town <u>Shubley</u>

Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>1-30-06</u>	Date well drilling completed: <u>1-30-06</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>25</u> feet above or below (circle one) land surface	Date measured: _____
Method of Measurement (circle one): steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>45</u> Well depth: <u>45</u>	Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement Bentonite <u>Mix</u>	
Casing length: <u>40</u> feet Casing diameter: <u>2</u> inches	Type of casing: <u>PVC 40</u>
Screen length: <u>5</u> feet Screen diameter: <u>2</u> inches	Type of screen: <u>PVC wrapped</u>
Screen slot size: <u>10</u> inches	Setting depth: From <u>40</u> feet to <u>45</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Undecreamed 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 Fryfogle 0408
Print Name of Water Well Contractor and License No.

Michael R Fryfogle
Signature of Water Well Contractor

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D-226

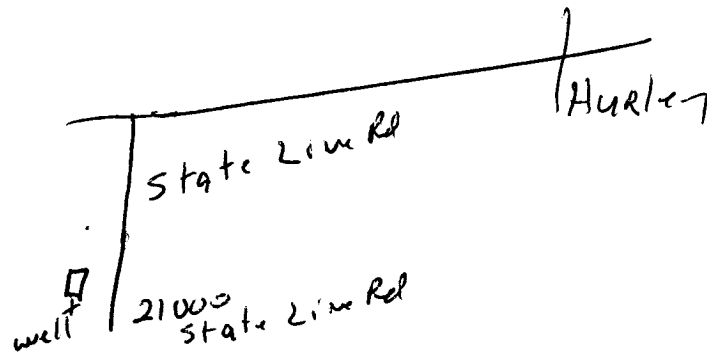
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
yellow clay	0	8
Clay	8	15
Clay + fine sand	15	20
Cordier brand	20	45

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.



Contractor Name: Ellet Curry

Michael R Dryfoz
Signature of Water Well Contractor

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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 #: D-226

Elevation:

County: Jackson
Permit #:
Driller: Mike
Date completed: 1-30-06

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: Ethel Curry
Mailing Address: 21000 Stat Line Rd
Mon Point Ms 39562
City State Zip Code
Telephone No. ()

Well Location

Latitude: 30-38-88.1 N Longitude: 088-24-703 N
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
1/4 1/4 Sec 32 Twn T45 Rng R44
Distance Direction Nearest Town
5 Miles E of Hurling

Pump Type
Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify):
Date Pump Installed: 1-30-06
Rated Pump Capacity: 8-12 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: 40 feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 1-30-06
Static Water Level (A): 25 Feet Below Land Surface
Pumping Water Level (B): 35 Feet Below Land Surface
Drawdown [(B) - (A)]: 10 Feet Below Land Surface
Test Pumping Rate: 8 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 8 GPM with a drawdown of
10 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 Fryfogle 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfogle 0408
Signature of Pump Installer

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