

# 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 #: M-438  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Mik  
Date drilling completed: 1-23-06

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>Allen William</u>                 |  | Latitude: <u>30.33 080N</u>   | Longitude: <u>089.27.411W</u>                       |
| Mailing Address: <u>PO Box 571-4907 Jourd St</u> |  | Method of Lat/Long (circle one): <u>AS</u> Conventional Survey, <u>24</u> |   |
| <u>Mon Point Ms 39563</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>2</u> Twn <u>T6S</u> Rng <u>R5W</u>          |   |
| Telephone No. ( )                                |  | Distance <u>3 1/2</u> Miles   | Direction <u>E</u> of Nearest Town <u>Big Point</u> |

**Well Data**

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

Date well drilling started: 1-23-06 Date well drilling completed: 1-23-06

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

Static Water Level: 5' feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 55 Well depth: 55 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 5' feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 50 feet to 55 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 Fryfogle 0408  
Print Name of Water Well Contractor and License No.

Michael R Fryfogle 0408  
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 #: M-435

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

County: Jackson  
 Permit #: \_\_\_\_\_  
 Installer: Mike  
 Date completed: 1-24-06

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                 | Well Location   |
|--|---|
| Owner Name: <u>Allen Williams</u>      | Latitude: <u>30-33-08N</u> Longitude: <u>088-27-41W</u>                   |
| Mailing Address: <u>4907 Forest St</u> | Method of Lat/Long (circle one): <u>OS</u> Conventional Survey, <u>24</u> |
| <u>Lucedal Ms 39452</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>2</u> Twn <u>T6S</u> Rng <u>R5W</u>          |
| Telephone No. ( )                      | Distance Direction Nearest Town   |
|  | <u>3 1/2</u> Miles <u>E</u> of <u>Big Point</u>                           |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| <input type="radio"/> Air Lift<br><input type="radio"/> Bucket<br><input type="radio"/> Centrifugal<br><input checked="" type="radio"/> Jet<br><input type="radio"/> Piston<br><input type="radio"/> Rotary<br><input type="radio"/> Submersible<br><input type="radio"/> Turbine<br><input type="radio"/> Flowing Well<br>Other (specify): _____ | <input type="radio"/> Diesel Engine<br><input checked="" type="radio"/> Electric Motor<br><input type="radio"/> Windmill<br><input type="radio"/> Gasoline Engine<br><input type="radio"/> Hand<br><input type="radio"/> Other (specify): _____<br><input type="radio"/> Natural Gas<br><input type="radio"/> Tractor PTO |
| Date Pump Installed: <u>1-24-06</u>   | Horse Power Rating of Motor: <u>1</u>   |
| Rated Pump Capacity: <u>812</u> Gallons Per Minute  | Setting Depth: <u>40</u> feet   |
|   | Number of Stages: <u>2</u>  |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one  |
|---|--|
| Date Well Tested: <u>1-24-06</u>                            | <input checked="" type="radio"/> Air Line<br><input type="radio"/> Electric Measuring Line<br><input type="radio"/> Steel Tape |
| Static Water Level (A): <u>5'</u> Feet Below Land Surface   | Other (specify): _____   |
| Pumping Water Level (B): <u>20'</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet  |
| Drawdown [(B) - (A)]: <u>15'</u> Feet Below Land Surface    | Well yielded <u>9</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>9</u> Gallons Per Minute              | <u>15</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 Fryfogle 0408 Michael R Fryfogle 0408  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 FEB 16 2006  
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