

# State Well Report

## Part 1

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: 35  
Well #: Q-38  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: Perry  
Permit #: \_\_\_\_\_  
Driller: Mik  
Date drilling completed: 7-17-06

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>Mik Staban</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>150 Fairly Bridge Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: <u>Wiggins</u> State: <u>MS</u> Zip Code: <u>39577</u>	1/4 _____ 1/4 Sec <u>36</u> Twn <u>T1S</u> Rng <u>R1W</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>SE</u> of <u>Beaumont</u>

**Well Data**

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

Date well drilling started: 7-17-06 Date well drilling completed: 7-17-06

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

Static Water Level: 28 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Base depth: 67 Well depth: 67 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 62 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 62 feet to 67 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 Frytag/LS 0408  
Print Name of Water Well Contractor and License No.

Michael R Frytag/LS 0408  
Signature of Water Well Contractor

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OCT 02 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 10631  
 Jackson, MS 39209-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Perry  
 Permit #: \_\_\_\_\_  
 Driller: Mike  
 Date completed: 7-17-06

For Office Use Only:

Aquifer: 35  
 Well #: Q-3K  
 Elevation: \_\_\_\_\_

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>Mike Stahan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>150 Fairly Bridge Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Wiggins MS 39577</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>14 14 Sec 36 Twn 11S Rng R1W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>8 Miles SE of Beaumont</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-17-06</u>	Setting Depth: <u>50</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: _____	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>28</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>38</u> Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown [(B) - (A)]: <u>10</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>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 Fryback 0408  
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fryback 0408  
 Signature of Pump Installer

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 OCT 02 2006  
 BY: OLWR