

# 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 #: R-27  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: Perry  
Permit #: \_\_\_\_\_  
Driller: Mike  
Date drilling completed: 11-27-05

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>Monroe Enterprises</u>	Latitude: <u>30° 58' 92.7"</u> Longitude: <u>088° 58' 23.3"</u>
Mailing Address: <u>656 Hillcrest Loop</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Petal Ms. 39456</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>3</u> Twn <u>T15</u> Rng <u>R10W</u>
Telephone No. ( )	Distance <u>7</u> Miles Direction <u>SSW</u> of Nearest Town <u>Beaumont</u>

### Well Data

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

Date well drilling started: 11-24-05 Date well drilling completed: 11-24-05

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 1/6 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 Fry Fogle 0408  
Print Name of Water Well Contractor and License No.

Michael R Fry Fogle 0408  
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

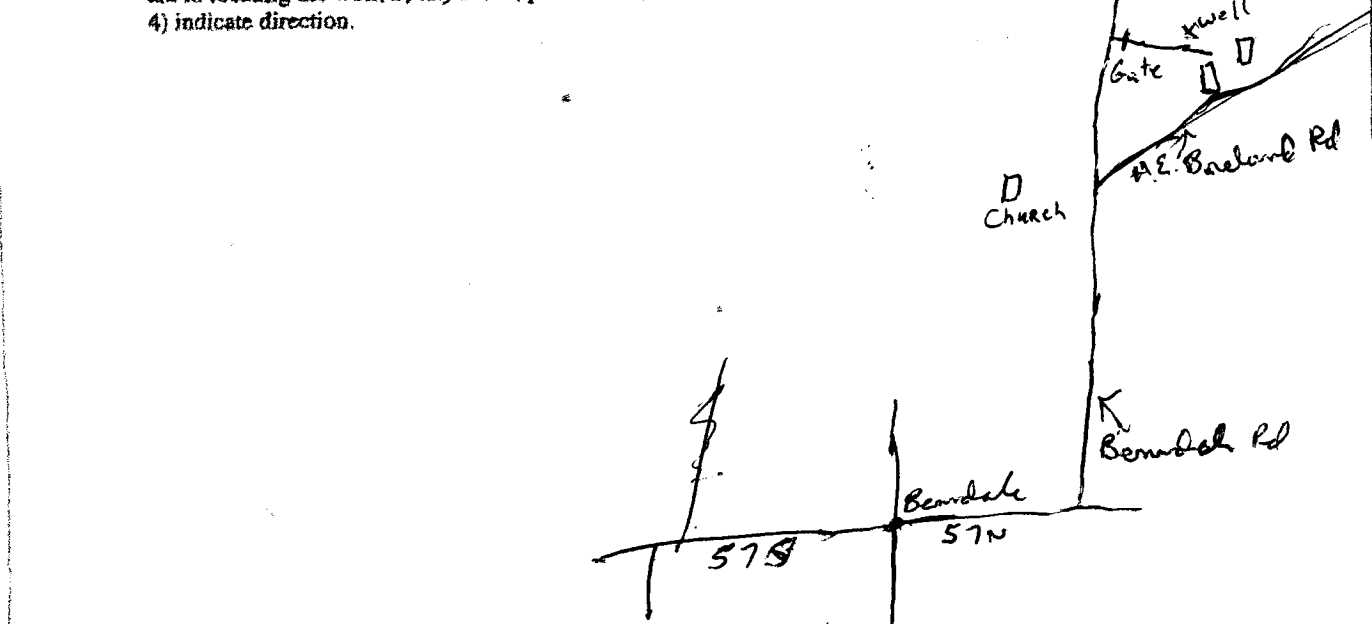
Ground Level

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Description of Formations Encountered	From	To
Clay	0	12
sand	12	35
Clay	35	75
sand	75	76
silt Clay	76	92
silt	92	116
Clay	116	128
sand	128	130
Clay + silt	130	137
sand	137	142
silt	142	160
Clay	160	172
sand	172	173
silt	173	188
sand fine	188	198
med sand	198	220

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.



Landowner Name:

Monroe Enterprises Lucedale

Michael R. Juffe 0408  
 Signature of Water Well Contractor

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# 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 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:
Aquifer: _____
Well #: <u>R-27</u>
Elevation: _____

County: <u>Perry</u>
Permit #: _____
Driller: <u>Mike</u>
Date completed: <u>11-25-05</u>

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>Monroe Enterprises</u>	Latitude: <u>30-58-927N</u> Longitude: <u>88-58-233W</u> <span style="margin-left: 100px;"><u>55</u></span> <span style="margin-left: 100px;"><u>14</u></span>
Mailing Address: <u>656 McAllister Loop</u> <u>Petal Ms 39456</u> <u>Lucedale Ms 39447</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	$\frac{1}{4}$ _____ $\frac{1}{4}$ Sec: <u>3</u> Twn <u>T15</u> Rng <u>R10W</u>
Telephone No. (____) _____	Distance: <u>4.8</u> Miles Direction: <u>55W</u> of Nearest Town: <u>Beaumont</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine: <input type="radio"/> Gasoline Engine: <input type="radio"/> Natural Gas: <input type="radio"/>
Bucket: <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> : <input type="radio"/> Hand: <input type="radio"/> Tractor PTO: <input type="radio"/>
Centrifugal: <input type="radio"/> Rotary <input type="radio"/> Flowing Well: <input type="radio"/>	Windmill: <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11-25-05</u>	Setting Depth: <u>80</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: <u>11-25-05</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</u> Gallons Per Minute	<u>1 1/2</u> feet after <u>4</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.

<u>Michael R Fryfool 0408</u> Print Name of Pump Installer and License No. (if applicable)	<u>Michael R Fryfool 0408</u> Signature of Pump Installer
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