

# 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 #: C-155  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: Stone  
Permit #: \_\_\_\_\_  
Driller: Mike  
Date drilling completed: 1-13-06

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>Reggie Nix</u>	Latitude: <u>30° 50' 71" N</u>	Longitude: <u>89° 05' 58" W</u>	<u>43</u>
Mailing Address: <u>15 Red Oak Trail</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Wiggins Ms 39577</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>28</u>	Twn <u>T 25</u> Rng <u>R 11 W</u>
Telephone No. ( )	Distance <u>2</u> Miles	Direction <u>E</u>	Nearest Town <u>Wiggins</u>

**Well Data**

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

Date well drilling started: 1-13-06 Date well drilling completed: 1-13-06

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 50' Well depth: 50' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 45 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: 10 inches Setting depth: From 45 feet to 50 feet

Type of completion (circle all applicable): Gravel packed Undersized 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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C-155

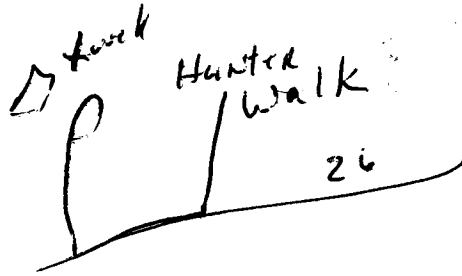
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	6
silt	6	8
Clay	8	17
Gray Clay	17	20
silt	20	25
Clay silt	25	40
hard sand	40	43
limestone	43	50

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: Raggi Rix

Michael R. Fryfojt 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 #: C-155  
 Elevation: \_\_\_\_\_

County: Stone  
 Permit #: \_\_\_\_\_  
 Installer: Mik  
 Date completed: 1-14-06

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>Reggie Nix</u>	Latitude: <u>30 50 719N</u> Longitude: <u>089-05-582W</u>
Mailing Address: <u>15 Red Oak Trail</u>	Method of Lat/Long (circle one): <u>43</u> Conventional Survey,
<u>Wiggins Ms 39577</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. ( _____ ) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary Other (specify): _____	<input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____
Date Pump Installed: <u>1-14-06</u>	Horse Power Rating of Motor: <u>1</u>
Rated Pump Capacity: <u>8.12</u> Gallons Per Minute	Setting Depth: <u>45</u> feet
	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-14-06</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45</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>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 Fryfogle 0408      Michael R Fryfogle 0408  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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