

# 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 #: G-107  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: Stone  
Permit #: \_\_\_\_\_  
Driller: Mike  
Date drilling completed: 1-12-06

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>James Davis</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>241 Nova Johnson Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Ducala MS 39452</u>	USGS quad, <u>24</u> Sec <u>24</u> Twn <u>T35</u> Rng <u>R11W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (_____) _____	<u>2 1/2</u> Miles <u>5</u> of <u>Big Level</u>

**Well Data**

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

Date well drilling started: 1-12-06 Date well drilling completed: 1-12-06

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

Static Water Level: 10' feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 95 Well depth: 95 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 85 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: 10 inches Setting depth: From 85 feet to 95 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 Fryfoyle 0408  
Print Name of Water Well Contractor and License No.

Michael R Fryfoyle 0408  
Signature of Water Well Contractor

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G-107

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
sand	0	5
gravel	5	25
clay	25	35
sand	35	46
clay	46	48
sand	48	60
clay	60	65
sand	65	95

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: Jamer Davie

Michael R. Juffe 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 #: G-107

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

County: Ston  
Permit #: \_\_\_\_\_  
Driller: Mibi  
Date completed: 1-13-06

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: Jamez Davis  
Mailing Address: 241 Kava Johnson Rd  
Levada, Ms 39452  
City State Zip Code

Telephone No. ( ) \_\_\_\_\_

Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Lat/Long (circle one): Conventional Survey.

USGS quad, Hand-held GPS Survey-grade GPS

1/4 \_\_\_\_\_ 1/4 Sec 24 Twn T35 Rng R11W

Distance Direction Nearest Town

2 1/2 Miles S of Big Level

Pump Type  
Circle one

Air Lift  Jet Submersible  
Bucket  Piston  Turbine  
Centrifugal  Rotary  Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 1-13-06

Rated Pump Capacity: 6-10 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: 1/2

Setting Depth: 40 feet

Number of Stages: 1

Pump Test Data

Date Well Tested: 1-13-06  
Static Water Level (A): 10 Feet Below Land Surface  
Pumping Water Level (B): 20 Feet Below Land Surface  
Drawdown [(B) - (A)]: 10 Feet Below Land Surface  
Test Pumping Rate: 7 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 7 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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FEB 16 2006  
BY: OLWR