

County: George
 Permit #: _____
 Driller: Mike J. Wade
 Date drilling completed: 1-12-08

State Well Report
Part 1 – Driller's Log
 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-150
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jim Reeve</u>	Latitude: <u>30° 59' 47.44"</u> Longitude: <u>088° 35' 62.86"</u>
Mailing Address: <u>158 Jim Reeve Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> <u>Survey-grade GPS</u>
<u>Lucedale MS 39452</u>	USGS quad, <u>SW</u> <u>1/4</u> <u>NW</u> <u>1/4</u> Sec <u>4</u> Twn <u>T15</u> Rng <u>R6W</u>
City State Zip Code	Distance <u>3 1/2</u> Miles Direction <u>N</u> of Nearest Town <u>Lucedale</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 1-12-08 Date drilling completed: 1-12-08 Hole depth: 55 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: NONE

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run ☐ Electric ☐ Gamma Ray ☐ Density ☐ Sonic ☐ Neutron ☐ Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well ☒ Geotechnical/Geological Investigation ☐ Ground Source Heat Pump ☐

Seismic Survey ☐ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home ☒ Industrial ☐ Public Supply ☐ Irrigation ☐ Fish Culture ☐ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 40 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 55 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 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 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 next page**

Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level_____

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

[illegible]

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) a north arrow.

A hand-drawn map of a road segment. The road is represented by a horizontal line. From left to right, there are several labels and features: a small square labeled 'xwell', a vertical line labeled 'Jim Reese Rd', a vertical line labeled 'Harvard Rd', a vertical line labeled 'Beaver Dam Rd', and a vertical line labeled '98'. The road line has a slight dip between Harvard Rd and Beaver Dam Rd.

Landowner Name:

Jim Reever

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

laws.
Michael R Fry Fug 10/08/12-08

Print Name of Responsible Licensee and License No.

Date _____

Michael R. Fry
Signature of Licensee

Signature of Licensee

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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)

County: George

Permit #: _____

Driller: Mike & Wade

Date completed: 1-14-08

Copy information from block on Part 1

For Office Use Only:

Aquifer: _____

Well #: C-150

Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information

Owner Name: Jim Reevee

Mailing Address: Jim Reevee Rd

Lucedale MS 39452
City State Zip Code

Telephone No. () _____

Well Location

Latitude: 30-59-47N Longitude: 88-35-62W

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS ☒, Survey-grade GPS _____

_____ 1/4 _____ 1/4 Sec 4 T 15 R R6W

Distance Direction Nearest Town
3 1/2 Miles N of Lucedale

Pump Type

Circle one

Air Lift ☒ Jet ☐ Submersible
Bucket ☐ Piston ☐ Turbine
Centrifugal ☐ Rotary ☐ Flowing Well

Other (specify): _____

Date Pump Installed: 1-14-08

Rated Pump Capacity: 8.12 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

Setting Depth: 50 feet

Number of Stages: 2

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 40 Feet Below Land Surface

Pumping Water Level (B): 45 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface

Test Pumping Rate: 8 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 8 GPM with a drawdown of

5 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 Fryfoyle 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfoyle
Signature of Pump Installer

Form: OLWR-SWR-1B

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BY: OLWR