

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2307  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

County: George  
Permit #: \_\_\_\_\_  
Driller: Maly & Wade  
Date drilling completed: 11-29-10

For Office Use Only:  
Aquifer: C 169  
Well #: \_\_\_\_\_  
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>Franky Welford</u>	Latitude: <u>30° 59' 12"</u> Longitude: <u>88° 32' 32"</u>
Mailing Address: <u>5140 Hwy 63W</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale MS 39452</u>	<u>SE 1/4 SW 1/4 Sec 1 Twn T15 Rng R6W</u>
City State Zip Code	Distance Direction Nearest Town <u>4</u> Miles <u>N</u> of <u>Lucedale</u>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 11-25-10 Date drilling completed: 11-25-10 Hole depth: 85 Hole diameter: 7 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: Nursery

If a flowing well, 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: \_\_\_\_\_

Well depth: 85 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 4 inches Type of casing: PVC 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC wrapped

Screen slot size: 12 inches Setting depth: From 65 feet to 85 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 (04/08)

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The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

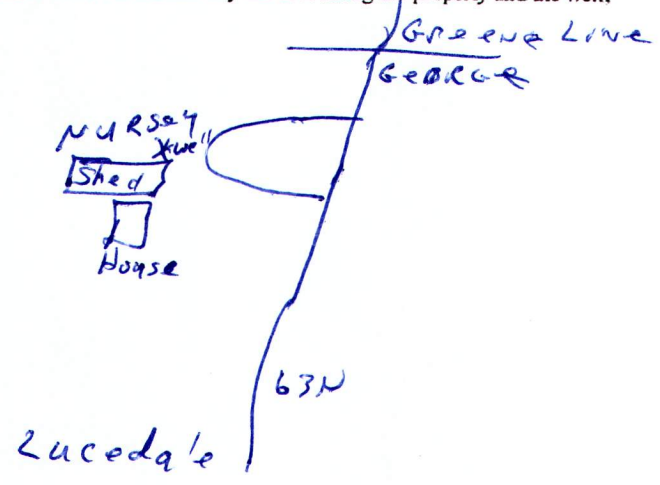
Ground Level →

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Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	3
Sand	3	38
Clay	38	45
Sand	45	60
Clay	60	61
Sand coarse	61	85

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.



Landowner Name: Franky Welford

Form: OLWR-SWR-1A (04/08)

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.

Michael R Fry Fogkover 11-29-10 Michael R Fry  
Print Name of Responsible Licensee and License No. Date 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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Mikes & Wade  
 Date completed: 11-29-10  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 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	Well Location
Owner Name: <u>Franky Wilford</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5140 Hwy 68N</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale, Ms 39452</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City                      State                      Zip Code	_____ ¼ _____ ¼ Sec <u>1</u> T <u>T15</u> R <u>R6W</u>
Telephone No. (____) _____	Distance                      Direction                      Nearest Town
	<u>4</u> Miles <u>N</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>11-29-10</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<u>Air Line</u> Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>70</u> Gallons Per Minute	Well yielded <u>70</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>30</u> feet after <u>1 1/2</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael R Fryfogel 0408                      Michael R Fryfogel  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

Form OLWR-6WR-1B (04/08)

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