

C-2160

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

COUNTY WELL LOCATED <u>George</u>		PERMIT NUMBER
WELL NUMBER <u>0201</u>	CODED	
DATE WELL COMPLETED <u>2-25-02</u>		NAME OF DRILLING FIRM <u>Fryfogk Well Service</u>

NAME & MAILING ADDRESS OF LANDOWNER
Rhyme Bounds
150 Hwy 63N
Lucedale MS 39452

Latitude: 30° 56' 09" N
Longitude: 088° 33' 00" W

WELL LOCATION: SEC 11 TOWNSHIP NR 6 E RANGE 6 W

DISTANCE 1 Miles DIRECTION N NEAREST TOWN of 98W + 63N

OTHER LANDMARK 3 miles N of Lucedale

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
Home

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine, Jet Flowing Well,
Other (Describe) _____

POWER TYPE (Circle One):
Electric Tractor, Diesel, Gasoline, Butane,
Other (Describe) _____ H/P 1

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Top Sand</u>	<u>0</u>	<u>10</u>
<u>Clay</u>	<u>10</u>	<u>25</u>
<u>fine sand</u>	<u>25</u>	<u>40</u>
<u>Clay</u>	<u>40</u>	<u>45</u>
<u>Sand</u>	<u>45</u>	<u>75</u>
<u>Clay</u>	<u>75</u>	<u>80</u>
<u>Med Sand</u>	<u>80</u>	<u>120</u>

RECEIVED
APR 10 2002
BY: OLWR

Top of Lap Pipe or Reduction in Casing
FEET IF TELESOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth <u>120'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>110'</u>
Type of Casing <u>PVC 40</u>	Hole Depth <u>120'</u>	Depth to Static Water Level <u>70'</u>

TYPE OF COMPLETION: (Circle One or More):
Gravel Packed, Underreamed, Telescoped,
Natural Development, Open Hole, Other
(Describe) _____

WELL GROUTED TO A DEPTH OF 10 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches <u>2"</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>#8</u>
Screen Type <u>PVC Rapped</u>		Depth to Bottom - Feet <u>120'</u>

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. Fryfogk 0408 3-28-02
Signature of Licensed Driller and License No. Date

Additional Information Required On Back