

# State Well Report

## Part I - 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: Mk & Wade  
Date drilling completed: 1-20-11

For Office Use Only:  
Aquifer: H 133  
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>Dorinda Wall</u>	Latitude: <u>30° 52' 28"</u> Longitude: <u>88° 30' 40"</u>
Mailing Address: <u>210 Shipman Turnover Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>10</u>
<u>Lucedale, MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>17</u> Twn <u>T25</u> Rng <u>R5W</u>
Telephone No. ( )	Distance Direction Nearest Town
	<u>5</u> Miles <u>SE</u> of <u>Lucedale</u>

**Well / Borehole Data**

Date drilling started: 1-20-11 Date drilling completed: 1-20-11 Hole depth: 73 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: \_\_\_\_\_  
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: 73 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 63 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: 8 inches Setting depth: From 63 feet to 73 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)

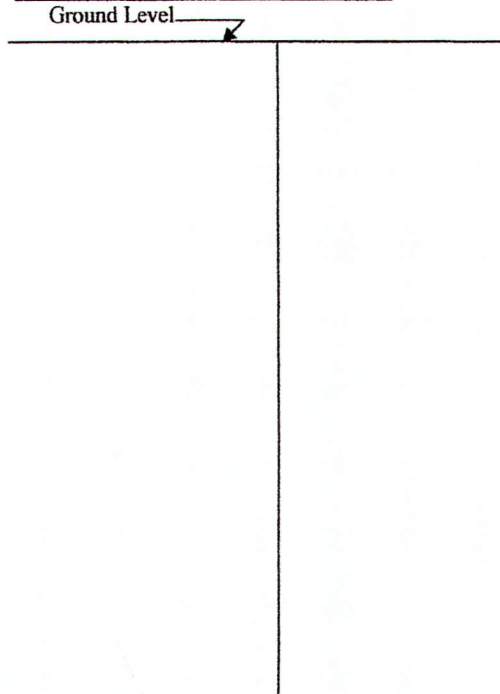
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The sketch below only required for water wells

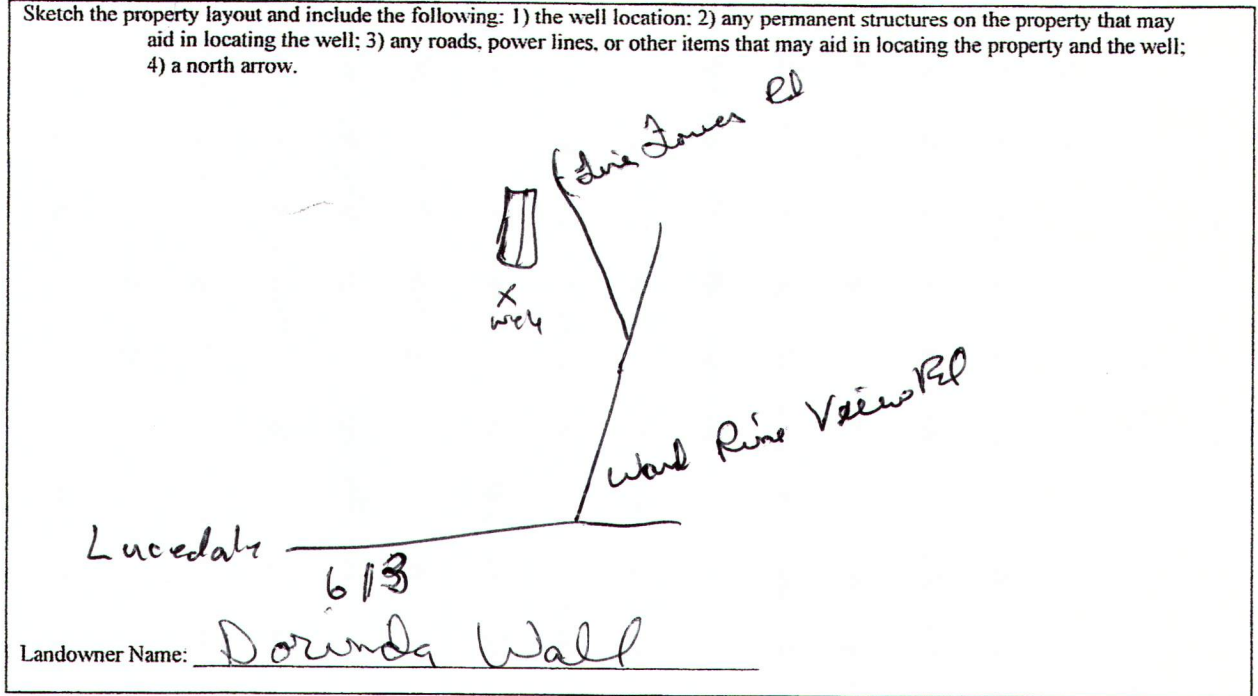
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
sand	9	4
Clay	6	21
sand	21	35
Clay	35	73

If more than one screen, show location of each on sketch



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 Fryberg / 04081-20-11

Michael R Fryberg

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: DeSoto  
 Permit #: \_\_\_\_\_  
 Driller: Mrs J Lucade  
 Date completed: 1-25-11  
*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>Dorinda Wall</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>210 Shipman Inverton Rd</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	_____ 1/4 _____ 1/4 Sec <u>17 T25 R5W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>SE</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1-25-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>8-12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</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 Fryffke 0408 Michael R Fryffke  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form OLWR-SWR-1B (04/08)

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