

County: George
 Permit #: _____
 Driller: Mk + Wood
 Date drilling completed: 3-16-11

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)

For Office Use Only:

Aquifer: H/35
 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>Mike Smith</u>	Latitude: <u>30° 52' 49.4"</u> Longitude: <u>088° 25' 59"</u>
Mailing Address: <u>18205 Hwy 98E</u>	Method of Lat/Long (circle one): Conventional Survey, <u>30</u>
<u>Lucedale MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>19</u> Twn <u>T25</u> Rng <u>R4W</u>
Telephone No. () _____	Distance <u>8</u> Miles Direction <u>E</u> of Nearest Town <u>Lucedale</u>

Well / Borehole Data

Date drilling started: 3-16-11 Date drilling completed: 3-16-11 Hole depth: 130 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: 30 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement ☐ Bentonite ☐ Mix ☒

Casing length: 120 feet Casing diameter: 2 inches Type of casing: 2 PVC 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 120 feet to 130 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

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 sketch map of the study area. It shows a coastline with several labeled points. 'x well' is marked offshore to the left. 'Lucas Rd' is marked on the shore. 'Luceda L' is marked further to the right, possibly indicating a lagoon or bay. A distance marker '98E' is written along the coast line.

Landowner Name:

Nick Smith

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.

laws. Michael R Fry, Esq / k oyo 3-16-11

Print Name of Responsible Licensee and License No.

Date _____

Michael R Tryfel
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 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: DeSoto

Permit #: _____

Driller: Mk & Wnd

Date completed: 3-16-11

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>Mk Smith</u>	Latitude: <u>30 52 49.4</u> Longitude: <u>088-25-98.6</u>
Mailing Address: <u>18205 Hwy 98E</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lumbard MS 39452</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>19 T 25 R 4 W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>8</u> Miles <u>E</u> of <u>Lumbard</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-16-11</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 Electric Measuring Line Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</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.	
<u>Michael R Fryfoyle 0408</u>	<u>Michael R Fryfoyle</u>
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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

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