

STATE WELL REPORT

224

County: George
 Permit #: _____
 Driller: MIKE Wade
 Date drilling completed: 9/17/20

Part 1
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: H175
 Aquifer: _____
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Tim Smith</u>	Latitude: <u>88.52073</u> Longitude: <u>30.84057</u>
Mailing Address: <u>160 Leslie Williams Rd</u> <u>Weedate MS 39452</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> 1/4 <u>SW</u> 1/4, Sec <u>30</u> T <u>2S</u> R <u>5W</u>
Telephone No. (____) _____	<u>1.0</u> Miles <u>SE</u> of <u>Weedate</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 9/17/20 Date drilling completed: 9/17/20 Hole depth: 100 Hole diameter: 4 1/4

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 (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): None

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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 45 feet above or below land surface Date measured: _____
(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 2 inches Type of casing: SCH 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: WRAP

Screen slot size: 0.06 inches Setting depth: From 90 feet to 100 feet

Type of completion (check all applicable) gravel packed Underreamed 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


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BY OLWR

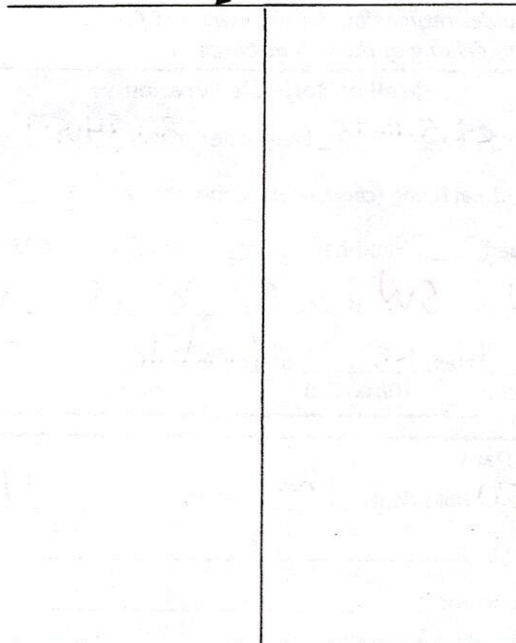
County: _____
Permit #: _____

For Office Use Only:
Well #: _____

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

Description of Formations Encountered	From (depth) Ground level	To (depth)
MIX CLAY	0	15
SAND Fine	15	30
SAWD	30	70
	70	100

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) north arrow

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Landowner Name: _____

I HEREBY 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 Fryfogle 0408 9/18/20 Michael R Fryfogle
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: 4175
Aquifer: _____

County: George
Permit #: _____
Driller: Mike & Wade
Date completed: 9/18/20
Copy information from block on Part 1

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>Tim Smith</u>			Latitude: <u>88.52673</u> Longitude: <u>30.84057</u>		
Mailing Address: <u>1100 Leslie Williams Rd</u> <u>Woodale MS 39450</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City	State	Zip Code	<u>SW 1/4 SW 1/4, Sec 30 T 2S R5W</u>		
Telephone No. (____) _____			<u>7.0</u> Miles <u>SE</u> of <u>Woodale</u> (Distance) (Direction) (Nearest Town)		

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 9/18/20 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1 Setting Depth: 80 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 9/18/20 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 45 Feet Below Land Surface Pumping Water Level (B): 52 Feet Below Land Surface

Drawdown [(B) - (A)]: 7 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (check one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Michael R Fryfoole 0408 9/18/20 Michael R Fryfool
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



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