

State Well Report

Part 1 - Driller's Log

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: Dezoz
 Permit #: _____
 Driller: Mick & Wade
 Date drilling completed: 1-28-13

For Office Use Only:

Aquifer: K 120
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Jonny Fairley</u>	Latitude: <u>30° 47' 55" N</u> Longitude: <u>88° 40' 14" W</u>
Mailing Address: <u>P O Box 2952</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Houma</u> <u>La</u> <u>70361</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 10 Twn T35 Rng R7W</u>
Telephone No. () _____	Distance <u>8</u> Miles Direction <u>SW</u> Nearest Town <u>Decatur</u>

Well / Borehole Data

Date drilling started: 8-9-12 Date drilling completed: 9-28-13 Hole depth: 150 Hole diameter: 10 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: Bottle Water

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 150 Well grouted to a depth of 100 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 130 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 130 feet to 150 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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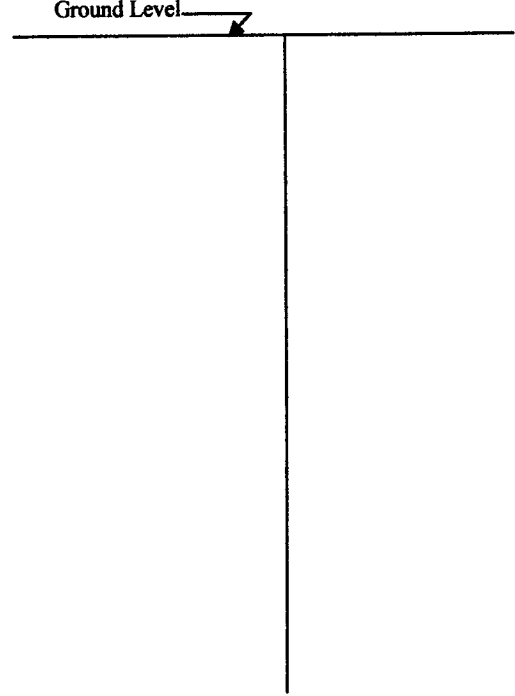
FEB 01 2013

BY: OLWR

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

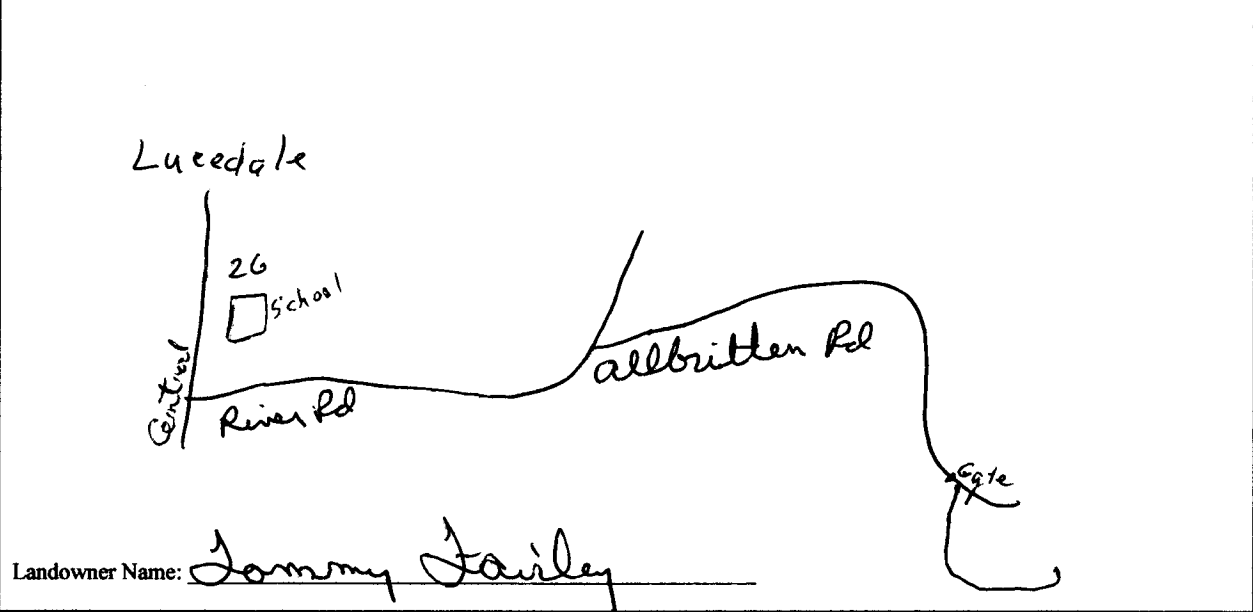


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
sand	0	15
clay	15	22
sand	22	30
Blue Clay	30	75
rock	75	76
clay	76	90
sand	90	100
rock	100	102
sand	102	130
sand cones	120	150

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: Tommy Fairley

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 / License No. 1-28-13
 Print Name of Responsible Licensee and License No. Date

Michael R Fry
 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: Mike & Wood
 Date completed: 1-28-13
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>Tommy Fairley</u>	Latitude: <u>30-47-913N</u> Longitude: <u>88-40-739W</u>
Mailing Address: <u>PO Box 2952</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Nouma La 70361</u>	_____ 1/4 _____ 1/4 Sec <u>10 T35R R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>8</u> Miles <u>SW</u> of <u>Lucedale</u>

Pump Type	Power Type
Circle one	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>5</u>
Date Pump Installed: <u>10-22-13</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): <u>18</u> Feet Below Land Surface	<u>Air Line</u> Electric Measuring Line Steel Tape
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>22</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>100</u> Gallons Per Minute	Well yielded <u>100</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>22</u> feet after <u>1 1/2</u> hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

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

Form: OLWR-SWR-1C (07-09)

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