

STATE WELL REPORT

45

County: George
 Permit #: _____
 Driller: Mike & Wade
 Date drilling completed: 9/20/19

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 #: K 136
 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>Steve Fairly</u>	Latitude: <u>30°49'12"N</u> Longitude: <u>88°40'37"W</u>
Mailing Address: <u>4219 River Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Wcedale</u> MS <u>39452</u>	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>3</u> T <u>38</u> R <u>7W</u>
City State Zip Code	<u>8.67</u> Miles <u>SW</u> of <u>Wcedale</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 9/20/19 Date drilling completed: 9/20/19 Hole depth: 150 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: None

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: 10 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: 150 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 140 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: .06 inches Setting depth: From 140 feet to 150 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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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 #: K 136

Aquifer: _____

County: George
Permit #: _____
Driller: Mike & Wade
Date completed: 9/27/19
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>Steve Fairly</u>	Latitude: <u>30°49'12"W</u> Longitude: <u>88°40'37"W</u>
Mailing Address: <u>4219 River Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Wredate</u> City <u>MS</u> State <u>39457</u> Zip Code	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>3</u> T <u>38</u> R <u>7W</u>
Telephone No. (____) _____	<u>2.07</u> Miles <u>SW</u> of <u>Wredate</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)	
Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> <input checked="" type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>9/27/19</u>	Rated Pump Capacity: _____ Gallons Per Minute
Is This Pump (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
Power Type (check one)	
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>1/2</u>	Setting Depth: <u>10</u> feet Number of Stages: <u>1</u>

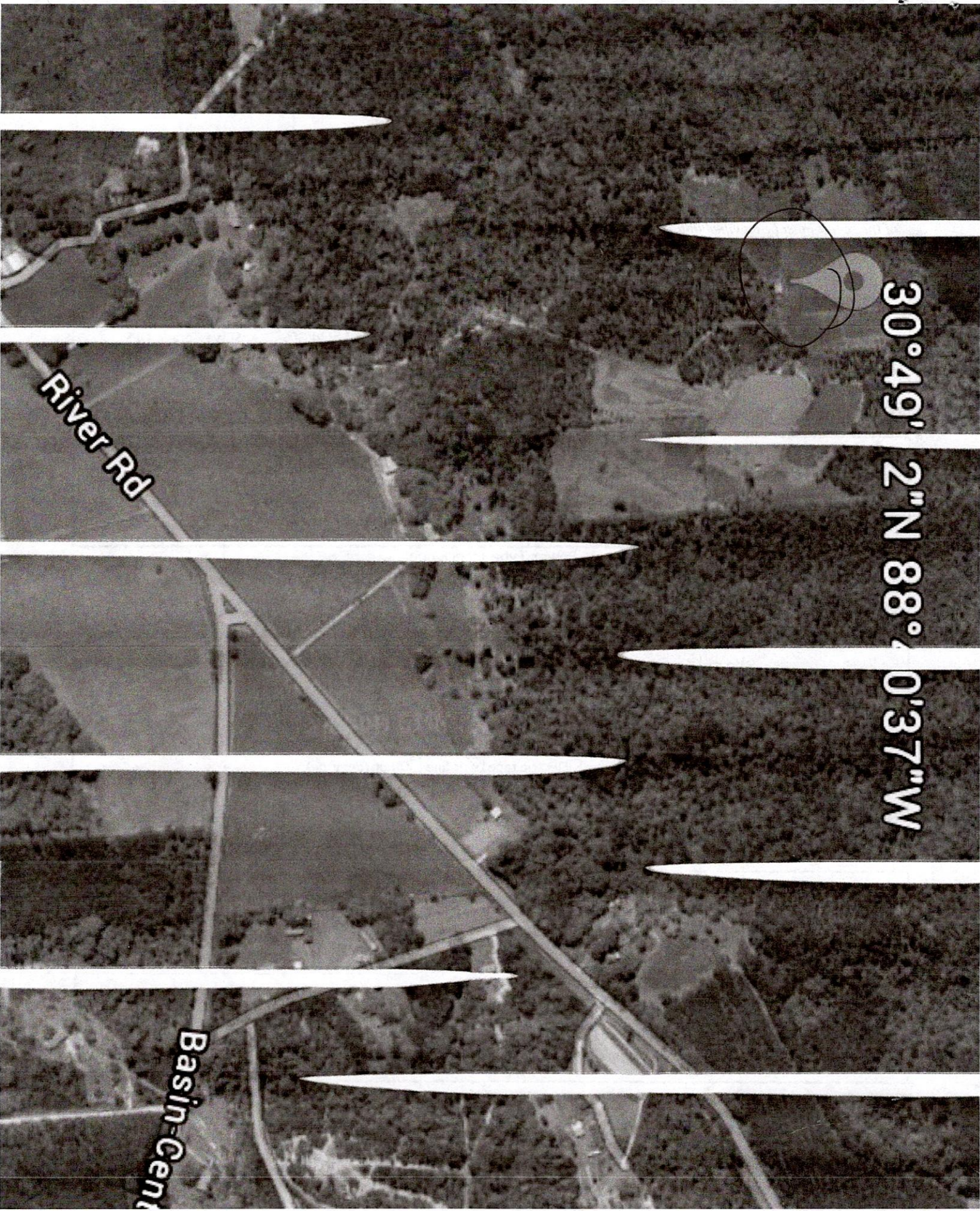
Pump Test Data for Non Flowing Well	
Date Well Tested: <u>9/27/19</u>	Duration of Pump Test (minimum 4 hours): <u>4</u> hours
Static Water Level (A): _____ Feet Below Land Surface	Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Test Pumping Rate: _____ Gallons Per Minute
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	

Pump Test Data for Flowing Well	
Measured shut in head: <u>10</u> feet.	
Well yielded <u>20</u> GPM with a drawdown of <u>1</u> feet after <u>4</u> 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): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>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.</i>	

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

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



River Rd

Basin-Cent

30°49' 2"N 88° 40'37"W

