

George

157

County: Jackson
 Permit #: _____
 Driller: Wade
 Date drilling completed: 05/21/2021

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)

For Office Use Only:
 Aquifer: _____
 Well #: M 255
 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>Johnnie Foster</u>	Latitude: <u>30° 45' 54" N</u> Longitude: <u>88° 31' 05" W</u>
Mailing Address: <u>3130 Stonecypher Rd</u> <u>Wooddale MS, 39452</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>19</u> Twn <u>33</u> Rng <u>5W</u>
Telephone No. () _____	Distance: <u>11.7</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Wooddale</u>

Well / Borehole Data

Date drilling started: 05/21/21 Date drilling completed: 05/21/21 Hole depth: 200 Hole diameter: 4" / 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 (circle all applicable): No 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 one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

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

Static Water Level: 80 feet above below (circle one) land surface Date measured: 05/21/21

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

Well depth: 200 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 190 feet Casing diameter: 2 inches Type of casing: SLH 40

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

Screen slot size: .06 inches Setting depth: From 190 feet to 200 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

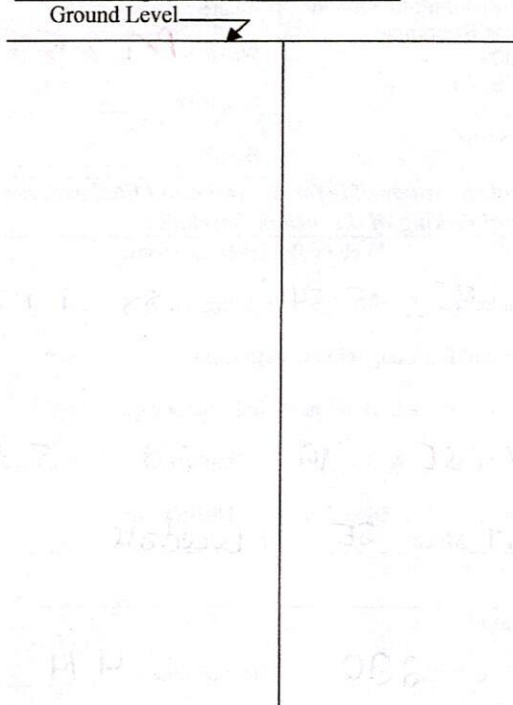
Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

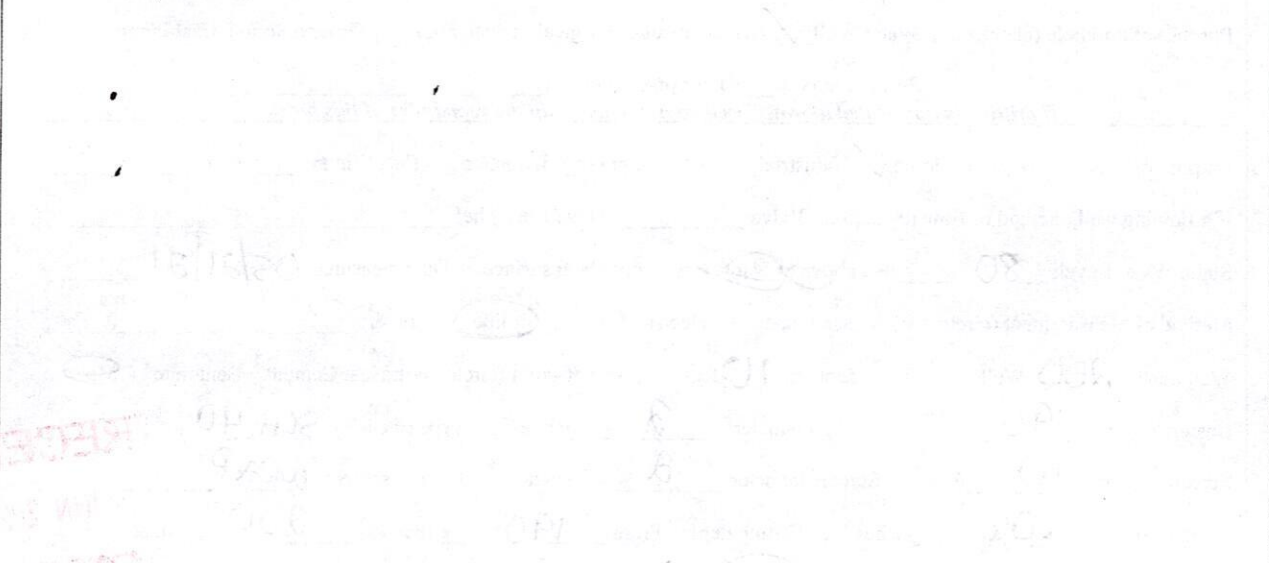


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
SAND	0	28
CLAY	28	60
SAND	60	62
CLAY	62	101
SAWD	101	200

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: _____

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 Fryfogle 0408 05/21/21
 Print Name of Responsible Licensee and License No. Date

Michael R Fryfogle MRT
 Signature of Licensee

George

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 #: M 255
 Aquifer: _____

County: Jackson
 Permit #: _____
 Driller: Wade
 Date completed: 05/21/2021
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>Johnie Foster</u>			Latitude: <u>30° 45' 54" N</u> Longitude: <u>88° 31' 05" W</u>		
Mailing Address: <u>3130 Stonecylinder Rd</u> <u>Woodale 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> ¼ <u>SE</u> ¼, Sec <u>19</u> T <u>3S</u> R <u>5W</u>		
Telephone No. () _____			<u>11.7</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: 05/21/21 Rated Pump Capacity: 8 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: 2 Setting Depth: 120 feet Number of Stages: 3

Pump Test Data for Non Flowing Well
 Date Well Tested: 05/21/21 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): 88 Feet Below Land Surface
 Drawdown [(B) - (A)]: 8 Feet Below Land Surface Test Pumping Rate: 8 Gallons Per Minute
 Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

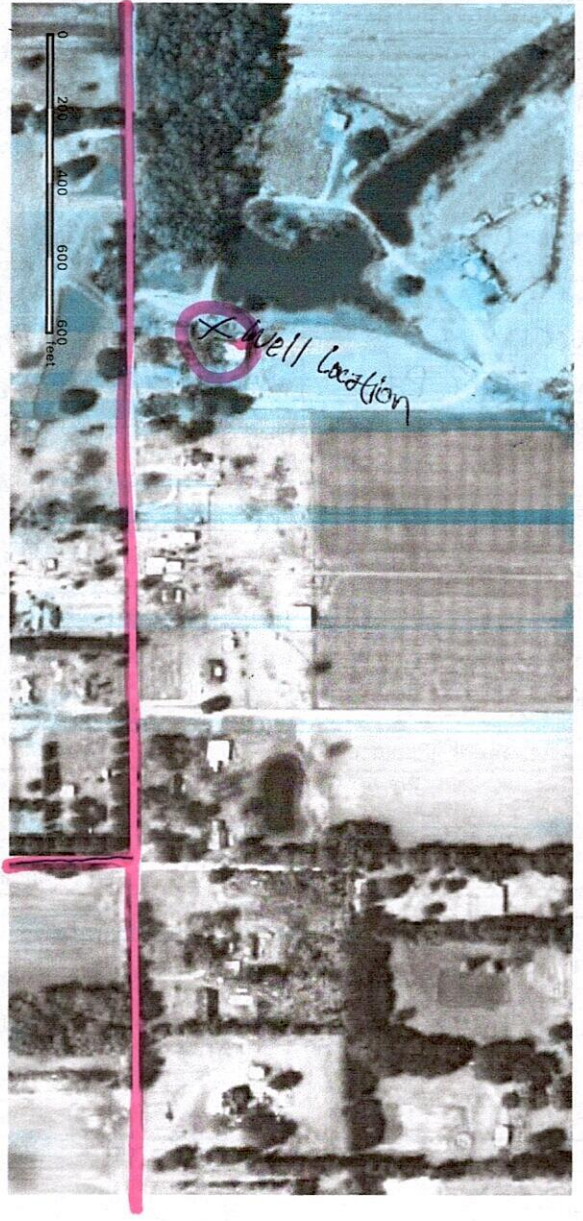
Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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 Fryfogle 0408 05/21/21 Michael R Fryfogle
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Stoney Pt



Dean Nursery

 **Lucedale**
Mississippi

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