

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: George Greene
Permit #: _____
Driller: Mike + Wade
Date drilling completed: 8/2/16

For Office Use Only:
Aquifer: _____
Well #: A84
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>Chris Herring</u>	Latitude: <u>31° 22' 53.49"</u> Longitude: <u>88° 46' 12.84"</u>
Mailing Address: <u>2703 Bee Tree Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Richton</u> State: <u>MS</u> Zip Code: <u>39476</u>	<u>NW</u> ¼ <u>SW</u> ¼ Sec. <u>23</u> ✓ Twn. <u>5N</u> ✓ Rng. <u>8W</u> ✓
Telephone No. () _____	Distance: <u>10.23</u> Miles Direction: <u>E</u> of Nearest Town: <u>Richton</u>

Well / Borehole Data

Date drilling started: 8-2-16 Date drilling completed: 8-2-16 Hole depth: 195 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 (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: 110 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 195 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 185 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 185 feet to 195 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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SEP 06 2016

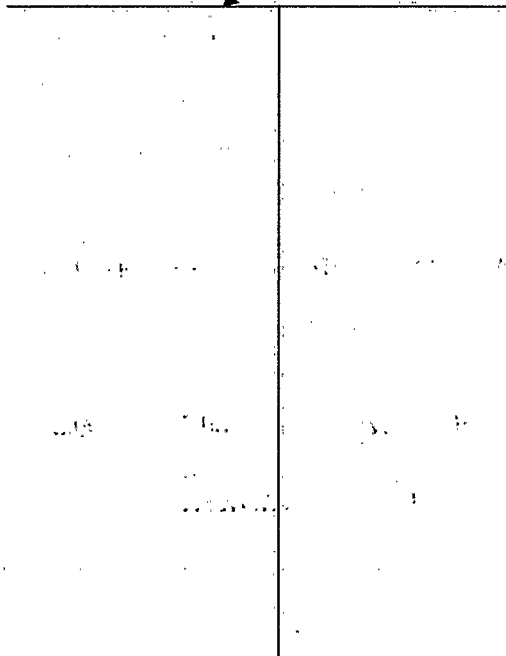
By OLWR

A84

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)	To (depth)
	Ground Level	
SAND	0	18
CLAY	18	20
SAND	21	30
CLAY	31	160
SAND	161	165
CLAY	166	175
SAND	176	195

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 Fryglis 0408

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)951-5210
 (601) 360-0535 (fax)

County: Madison
 Permit #: _____
 Driller: Mike & Wade
 Date completed: 8-2-16
Copy information from block on Part 1

For Office Use Only:

Well #: A84
 Aquifer: _____

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>Chris Herring</u>			Latitude: <u>31°22'53.49"</u> Longitude: <u>88°46'12.84"</u>		
Mailing Address: <u>2703 Bee Tree Rd</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Richton</u>	<u>MS</u>	<u>39476</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City	State	Zip Code	<u>NW 1/4 SW 1/4, Sec 23 T 5N R 3W</u>		
Telephone No. () _____			<u>10.23</u> Miles <u>E</u> of <u>Richton</u>		
			(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)

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

Date Pump Installed: _____ Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

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

Horse Power Rating of Motor: 2 Setting Depth: 140 feet Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 110 Feet Below Land Surface Pumping Water Level (B): 118 Feet Below Land Surface

Drawdown [(B) - (A)]: 8 Feet Below Land Surface Test Pumping Rate: 7 Gallons Per Minute

Method of measurement (circle 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 (circle 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.

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

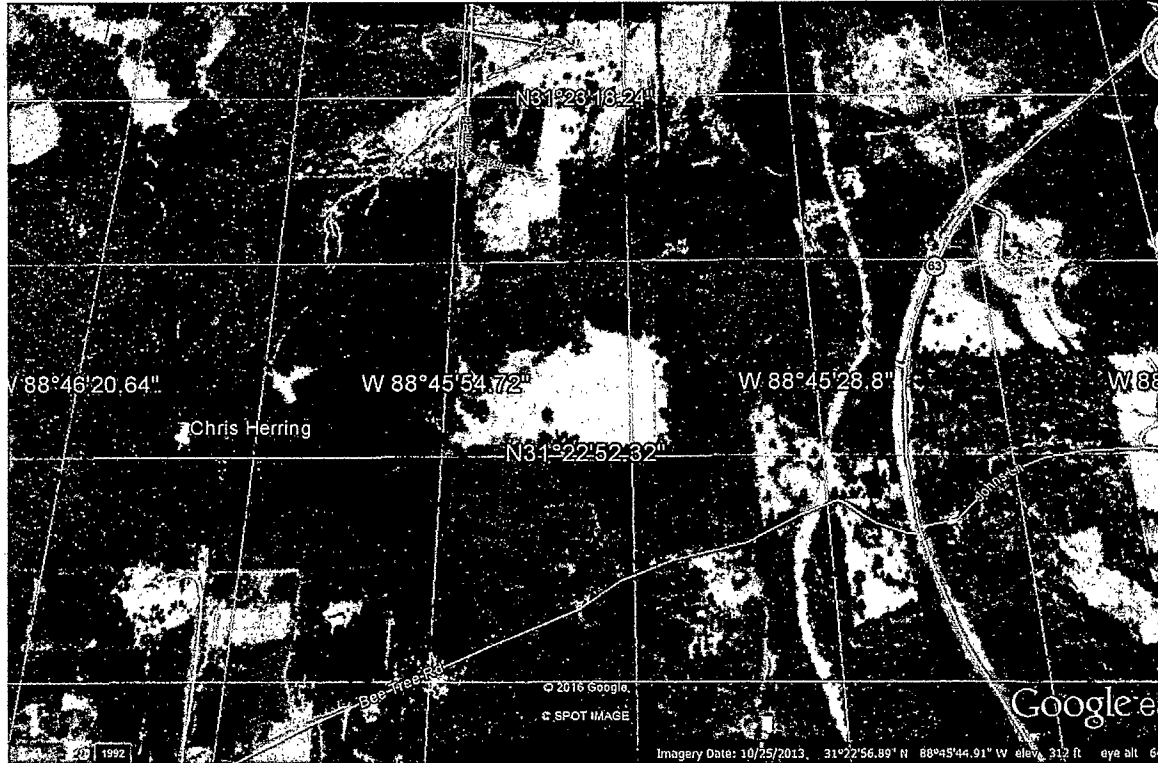
Michael R. Fyfe 0408 _____ Michael R. Fyfe _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Form: OLWR-SWR-1B (4/13)

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