

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: 06/05/18

For Office Use Only:
Aquifer: _____
Well #: P92
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>Landon McLeod</u>	Latitude: <u>31° 06' 33.10"</u> Longitude: <u>88° 31' 06.76"</u>
Mailing Address: <u>368 Devell Bradley Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Leaksville</u> <u>MS</u> <u>39451</u>	<u>SW 1/4 NW 1/4 Sec 29</u> ✓ <u>Twn 21N</u> ✓ <u>Rng 12W</u> ✓
City State Zip Code	Distance Direction Nearest Town <u>4.8</u> Miles <u>SW</u> of <u>Leaksville</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 06/04/18 Date drilling completed: 06/05/18 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: 60 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 _____ feet to _____ feet

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

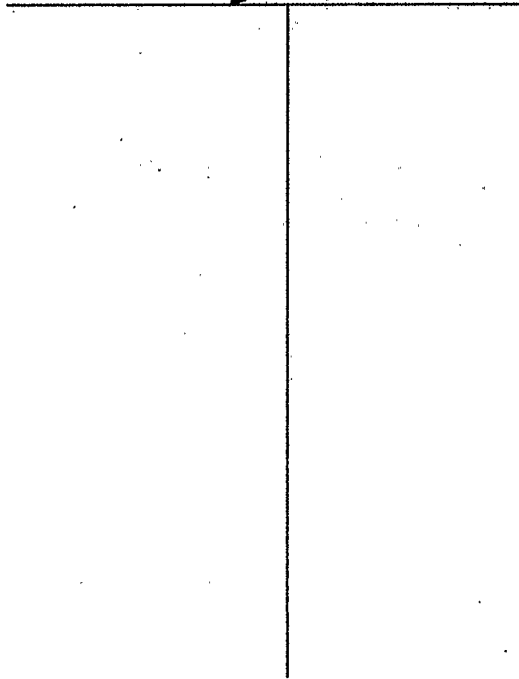
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

RECEIVED
JUL 11 2018
BY OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



If more than one screen, show location of each 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) Ground Level	To (depth)
SAND/MIX	0	12
SAND	12	25
CLAY	25	110
SAND	110	114
CLAY	114	180
SAND	180	195

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 Fryfole 0408 06/06/13

Michael R Fryfole

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
 (601)961-5210
 (601)961-5228 (fax)

County: George Greene
 Permit #: _____
 Driller: Mike + Wade
 Date completed: 06/06/18
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P92
 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>Landon Meleod</u>	Latitude: <u>31°06'33.00"N</u> Longitude: <u>88°37'01.70"W</u>
Mailing Address: <u>368 Devell Bradely Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Leaksville MS 39451</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 29 T 2N R 6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4.8 Miles SW of Leaksville</u>

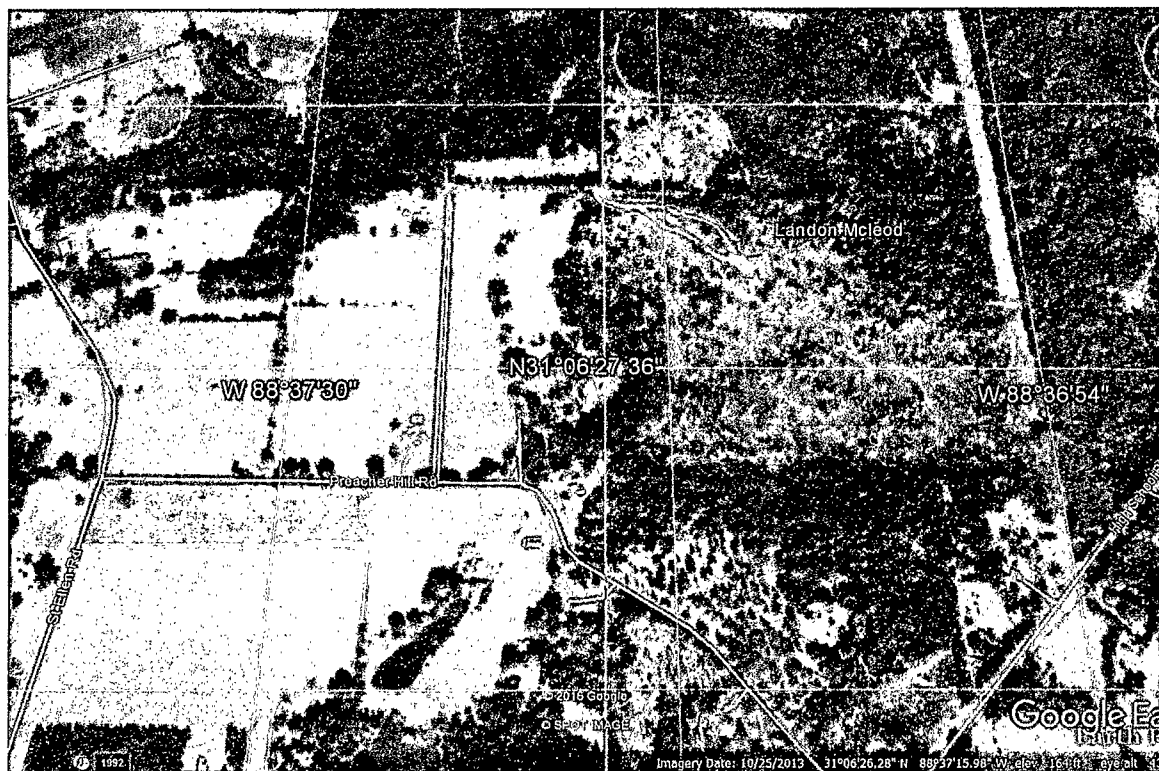
Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>06/06/18</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>2</u>

RECEIVED
JUL 11 2018
BY OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>06/06/18</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>62</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>8</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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



Landon McLeod

RECEIVED
JUL 11 2018
BY OLWR