

STATE WELL REPORT

80

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 #: P 94
Aquifer: _____
E-Log #: _____

County: Greene
Permit #: _____
Driller: Mike + Wade
Date drilling completed: 10/10/19

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Cyndal Skinner</u>	Latitude: <u>31°07'57"N</u> Longitude: <u>88°32'47"W</u>
Mailing Address: <u>653 Pugh Dr</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Leaksville</u> MS <u>39451</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>13</u> T <u>2N</u> R <u>0W</u>
City State Zip Code	<u>1.82</u> Miles <u>SE</u> of <u>Leaksville</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>10/10/19</u> Date drilling completed: <u>10/10/19</u> Hole depth: <u>85</u> Hole diameter: <u>4 1/4</u>
Location of the source of any surface water used for drilling: <u>None</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>None</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): <u>None</u>
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>9</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: _____ (check one)
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>85</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>75</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>5CH 40</u>
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>WRAP</u>
Screen slot size: <u>.10</u> inches Setting depth: From <u>75</u> feet to <u>85</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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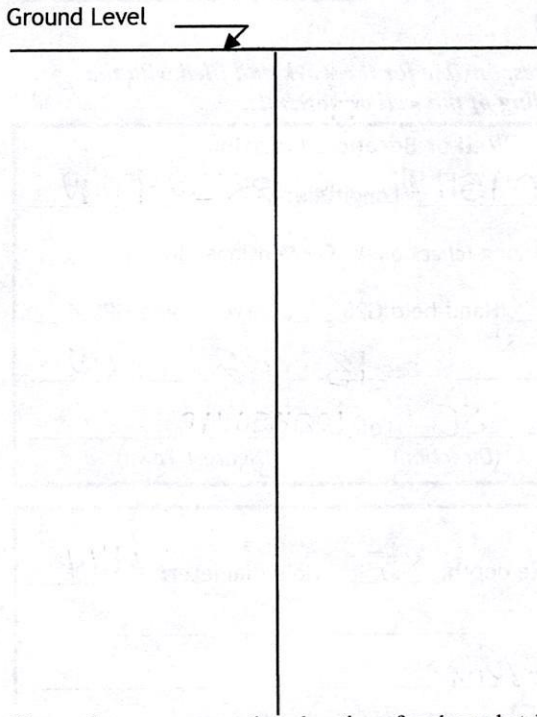
County: _____
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) Ground level	To (depth)
SAND	0	28
CLAY	28	72
SAND	72	85

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) north arrow

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Landowner Name: _____

I HEREBY 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 Fritzsche 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)961-5210
 (601) 360-0535 (fax)

County: Greene
 Permit #: _____
 Driller: Mike + Wade
 Date completed: 10/16/19
Copy information from block on Part 1

For Office Use Only:

Well #: P 94
 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>Cyndal Skinner</u>	Latitude: <u>31°07'57"W</u> Longitude: <u>88°32'47"W</u>
Mailing Address: <u>653 Pugh Dr</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Leakesville</u> City <u>MS</u> State <u>39451</u> Zip Code	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>13</u> T <u>2N</u> R <u>6W</u>
Telephone No. (____) _____	<u>1.82</u> Miles <u>SE</u> of <u>Leakesville</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 10/16/19 Rated Pump Capacity: 10 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: 1 Setting Depth: 30 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

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

Static Water Level (A): 9 Feet Below Land Surface Pumping Water Level (B): 11 Feet Below Land Surface

Drawdown [(B) - (A)]: 2 Feet Below Land Surface Test Pumping Rate: 12 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.

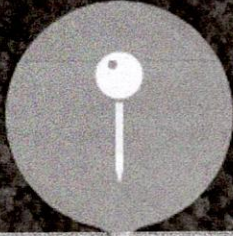
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

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3D



River Landing Rd

River Landing Rd

Jernigan Rd

Jernigan Rd

PROPERTY