

County: Greene
 Permit #: _____
 Driller: Mike J. Wade
 Date drilling completed: 1-18-11

State Well Report
Part 1 – Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:

Aquifer: U///
 Well #: _____
 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>Justin Anderson</u>	Latitude: <u>31° 02' 34"</u> Longitude: <u>88° 26' 54"</u>
Mailing Address: <u>125 13th Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale</u> <u>MS</u> <u>39452</u>	<u>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>13</u> Twn <u>T1N</u> Rng <u>R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>7</u> Miles <u>SE</u> of <u>Leaksville</u>

Well / Borehole Data

Date drilling started: 1-17-11 Date drilling completed: 1-17-11 Hole depth: 105 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: _____

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: 75 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 95 feet to 105 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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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: Greene

Permit #: _____

Driller: Mike & Wade

Date completed: 1-18-11

Copy information from block on Part 1

For Office Use Only:

Aquifer: _____

Well #: _____

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

Owner Name: Justin Anderson

Mailing Address: 125 13th Rd

Lucedale MS 39452
City State Zip Code

Telephone No. (____) _____

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____

_____ 1/4 _____ 1/4 Sec 13 T 1 N R RSW

Distance Direction Nearest Town

7 Miles SE of Leakesville

Pump Type

Circle one

Air Lift ☒ Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 1-18-11
Rated Pump Capacity: 8-12 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
☒ Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1
Setting Depth: 85 feet
Number of Stages: 2

Pump Test Data

Date Well Tested: _____
Static Water Level (A): 75 Feet Below Land Surface
Pumping Water Level (B): 80 Feet Below Land Surface
Drawdown [(B) - (A)]: 5 Feet Below Land Surface
Test Pumping Rate: 8 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level

Circle one

☒ Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 8 GPM with a drawdown of
5 feet after 1 1/2 hours of pumping

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

Fryfogle Michael 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfogle
Signature of Pump Installer

Form OLWR-SWR-1B (04/08)

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