

*Marshall
093*

Permit #:
Driller: Frost Well
Date drilling completed:

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

Well #: G142
Aquifer:
E-Log #:

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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	Well or Borehole Location
Well / Borehole Data	
Date drilling started: <u>8-14-14</u> Date drilling completed: <u>8-14-14</u> Hole depth: <u>220</u> Hole diameter: <u>4"</u>	
Location of the source of any surface water used for drilling: <u>well</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>6 lbs. grandulated</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other:	
Name of organization running log(s):	
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe)	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): Home Industrial Public Supply <u>Irrigation</u> Fish Culture	
Other (describe):	
If a flowing well, method of flow regulation: Valve _____ Other (describe)	
Static Water Level: <u>120</u> feet (above) or below] land surface Date measured: (circle one)	
Method of measurement (circle one): Steel tape Electric tape Air line <u>Other (describe): nylon cord</u>	
Well depth: <u>220</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>200</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>200</u> feet to <u>220</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development	
Other (describe):	
Top of lap pipe or reduction in casing: <u>N/A</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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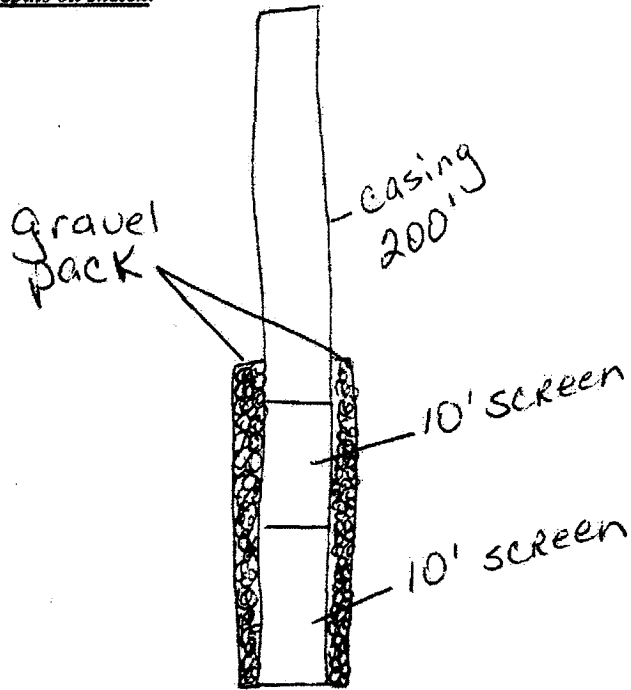
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



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If more than one screen, show location of each on sketch

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Permit #:

Well #:

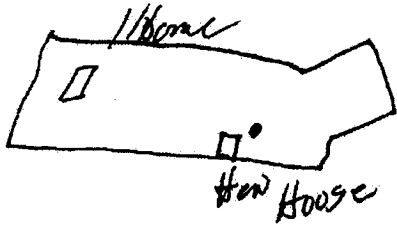
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground	19
Red Sand	19	30
Rock	30	31
Red Sand	31	80
Sand	80	130
Clay	130	132
Sand + clay	132	147
white Clay + Sand	147	170
Sand - white	170	220

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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



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.

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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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Marshall
 Permit #: _____
 Driller: Frostwell
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:
 Well #: G142
 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>Low G. Boykins</u>	Latitude: <u>34.890652</u>	Longitude: <u>-89.446475</u>	
Mailing Address: <u>684 Gipson Dr.</u>	<u>34.53.26</u>	<u>89.26.47</u>	
<u>Lamar, MS 38642</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> map <input type="checkbox"/> quest		
City State Zip Code	USGS quad <u>SE</u> 1/4 <u>SE</u> 1/4, Sec <u>19</u> T <u>25</u> R <u>2W</u>	Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/>	
Telephone No. () _____	Miles _____ of _____	(Distance) (Direction) (Nearest Town)	

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 8-14-14 Rated Pump Capacity: 36 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: 5 Setting Depth: 160 feet Number of Stages: 33

Pump Test Data for Non Flowing Well
 Date Well Tested: 8-14-14 Duration of Pump Test (minimum 4 hours): 6 hours
 Static Water Level (A): 122 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): open discharge

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.
Bernard Frost 0217 8-21-14
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer