

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)

For Office Use Only:

Well #: L56
Aquifer: _____
E-Log #: _____

County: Marshall
Permit #: _____
Driller: Frost Systems
Date drilling completed: _____

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Fred Holland</u>	Latitude: <u>34°50'26" N</u> Longitude: <u>89°22'31" W</u>
Mailing Address: <u>1930 Russom Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Holly Springs, MS, 38635</u>	<u>SE 1/4 SW 1/4, Sec 11 T 35 R 2W</u>
City State Zip Code	Miles of <u>2</u>
Telephone No. () _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-20-13 Date drilling completed: 6-24-13 Hole depth: 190' Hole diameter: 4"

Location of the source of any surface water used for drilling: well

Method of dosing and volume of Chlorine used in drilling and development: 6 lbs. graduated

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 135 feet (above) or below land surface (circle one) Date measured: _____

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): nylon cord

Well depth: 190' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 170 feet to 190 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: N/A feet

If telescoped or more than one screen, describe on next page

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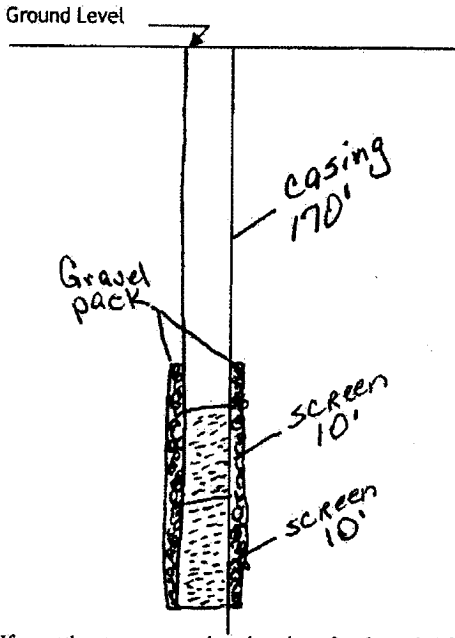
BY: OLWR

County: Marshall
 Permit #: _____

For Office Use Only:
 Well #: L56

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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)	To (depth)
Red Clay	Ground level	18
Red sand	18	45
Course sand	45	110
Clay	110	120
Sand	120	190

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

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.

Bernard Frost 0-217 6-26-13 Bernard Frost
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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)

For Office Use Only:

Well #: L56
 Aquifer: _____

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

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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: <u>Fred Holland</u> Mailing Address: <u>1930 Russom Rd.</u> <u>Holly Springs, MS. 38635</u> City State Zip Code Telephone No. () _____		Well Location Latitude: <u>34°50'26" N</u> Longitude: <u>89°22'31" W</u> Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4, Sec <u>X</u> T <u>35</u> R <u>2W</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)	
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Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: _____ Rated Pump Capacity: _____ 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: 5HP Setting Depth: 180 feet Number of Stages: 13

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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: N/A Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
Temperature sensors submit and the above factor (AEF) you are currently using and this meter was installed to manufacture or distribute.
 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 0-217 6-26-13 Bernard Frost
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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