

Frey

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: B107
L. S. Elevation: _____
E-log #: _____

KEY

43138

NEWCOME 0-773

Drilling completed: 3-20-09

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Owner Name: Frey, Frey + Frey
Mailing Address: 1538 Murphy RA
Hollandale, MS 38748
City State Zip Code
Telephone No. (662) 390-3852

Well Location

Latitude: 33.05.07 Longitude: 90.44.26
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SE 1/4 Sec 8 Twn 14N Rng 5W
NE SW
Distance 4 Miles Direction EAST of Nearest Town DELTA CITY

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 3-20-09 Date well drilling completed: 3-20-09
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 113 Well depth: 110 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 80 feet to 110 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 back of page
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773

Print Name of Water Well Contractor and License No.

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Signature of Water Well Contractor

43138

APR 28 2009

YMD JOINT WATER
MANAGEMENT DISTRICT

Frey

State Well Report

Part 1

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Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: B-107
L. S. Elevation: _____
E-log #: _____

County: SHARKEY
Permit #: OW 43138
Driller: J. NEWCOME 0-773
Date drilling completed: 3-20-09

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Frey, Frey + Frey</u>	Latitude: <u>33.05.07</u> Longitude: <u>90.44.26</u>
Mailing Address: <u>1528 Murphy Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Hollandale, MS 38748</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 8 Twn 14N Rng 5W</u>
Telephone No. <u>(662) 390-3852</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>EAST</u> of <u>DELTA CITY</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 3-20-09 Date well drilling completed: 3-20-09

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

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

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

Hole depth: 113 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 16 inches Type of screen: PVC

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Other (describe): _____

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

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

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773

Print Name of Water Well Contractor and License No.

John Newcome
Signature of Water Well Contractor

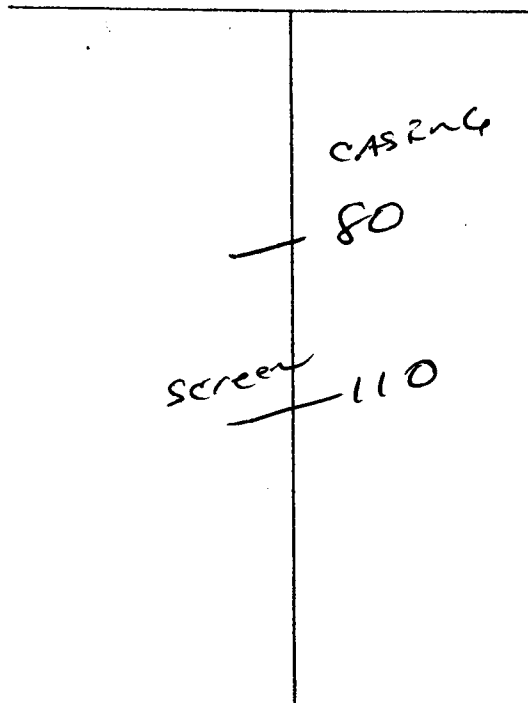
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BY: OLWR

If well telescopes please sketch below and show depths.

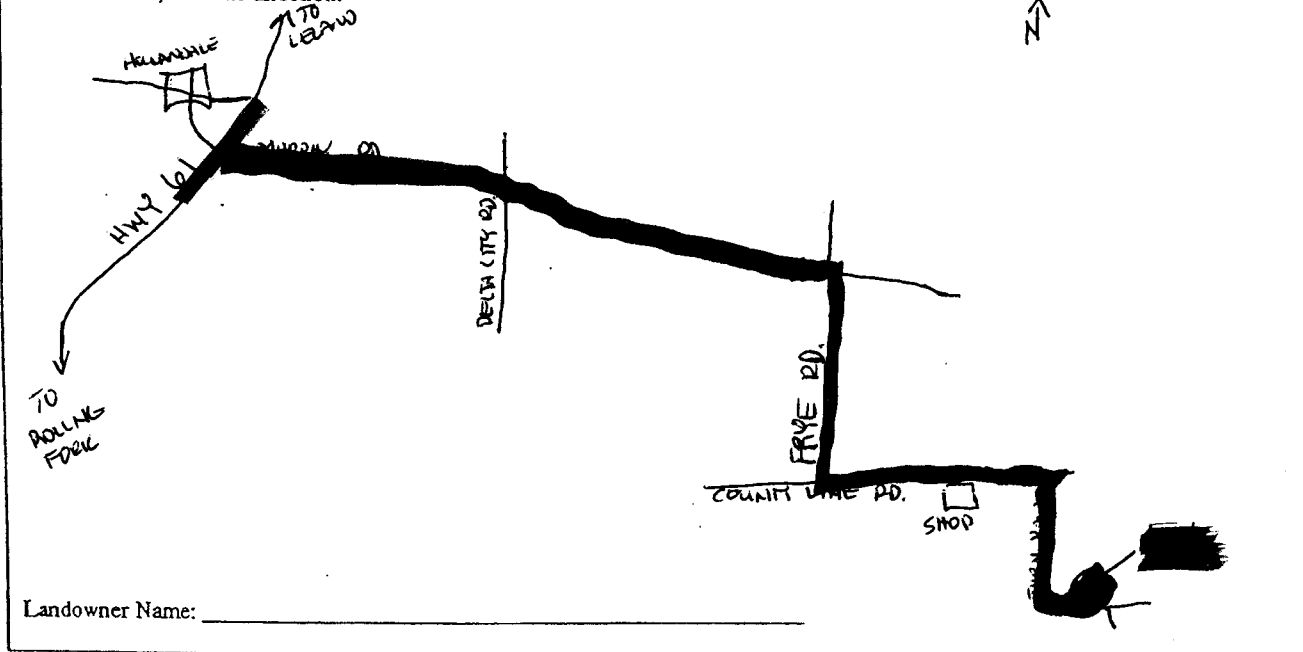
Ground Level



Description of Formations Encountered	From	To
TOP Soil	0	10
Mic CLAY	10	40
FINE Sand	40	80
COARSE Sand - gravel	80	113

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) indicate direction.



Landowner Name: _____

[Signature]

 Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: B-107

Elevation: _____

County: Sharkey
 Permit #: 6W43438
 Driller: J. Newcome 0-713
 Date completed: 3-20-09

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Frey, Frey + Frey</u>	Latitude: <u>33° 05' 07"</u> Longitude: <u>090° 44' 26"</u>
Mailing Address: <u>1523 Murphy Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Hollandale, MS 38748</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 8 Twn 14N Rng SW</u>
Telephone No. <u>662 390-3852</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>E</u> of <u>Delta City</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3-25-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NOT TESTED</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Cony Rowe 0-711P
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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APR 23 2009

BY: OLWR