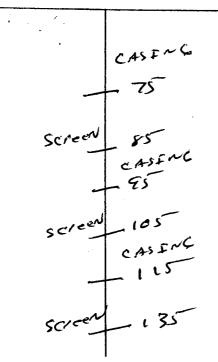
•	Frey-1	Frey-Frey	
	,		For Office Use Only:
County: WASHINGTON	State Well Report Part 1 Mississippi Department of Environmental Quality		Aquifer:
Permit #: 6043072	Office of Land ar	nd Water Resources	Well #: Q - 149
Driller J. NEWCOME 0-773		ox 10631 S 39289-0631	L. S. Elevation:
Date drilling completed: 3-05-09	Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		E-log #:
State Law requires that this report	t be prepared by the		
30 days of completion of drilling of Well Owner Informatio	the well.	· · · ·	ll Location
Owner Name A & L FOMMS		Latitude: 33 . 07 .05	" Longitude: 20.44.10."
Mailing Address: (10 Leroy F		Method of Lat/Long (circle of	one): Conventional Survey,
1528 Murphy Rd		USGS quad Hand-held GPS Survey-grade GPS	
Hellomdate Me	38748	SW 1/4 SE 1/4 Sec 2	Twn 15N Rng 5W
City State Telephone No. (662) 3910 - 3852	I	Distance Direction Miles SE	Nearest Town of HOLLANDALE
	Well	Data	····
Purpose of Well (circle one) Home Indus			Other:
Purpose of well (circle one) Home indus Date well drilling started: $3-5.09$			
•	· · ·		
If flowing, method of flow regulation: Valve			
Static Water Level:feet abo	ve or below (circle one)	land surface Date measured	l:
Method of Measurement (circle one) stee	· · ·	e air line other:	
Hole depth: 137 Well dept	th:3 \$	Well grouted to a depth of	ffeet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length:feet Casing	g diameter: 14	inches Type of casing:	PVC
Screen length: <u>40</u> feet Screen		inches Type of screen:	Arc
Screen slot size: , 050 inches			15 - 135 feet
Type of completion (circle all applicable): (en hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	•	telescoped or more than one s	screen, describe on back of page
Logs run (circle all applicable). No log run	Electric Gamma Ra	y Density Sonic Neutron	Other:
Name of organization running log(s):			
I certify that the well was drilled, constru			
Department of Environmental Quality and	nd/or the Mississippi De	epartment of Health regulation	ons and state laws.
JOHN NEWCOME O-	275	1d	Naisane
Print Name of Water Well Contractor and I	License No.	Signature	e of Water Well Contractor
			RECEIVE
			MAR 2 6 2009
			BY: OLW

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Q-149

If well telescopes please sketch below and show depths.

Ground Level

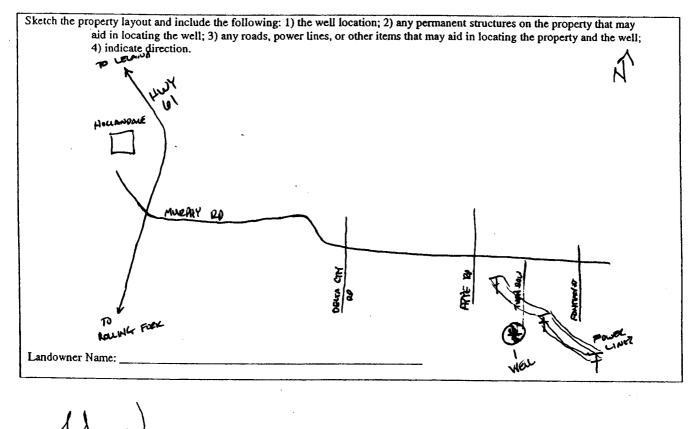


Description of Formations Encountered	From	To	
Jop Soil	0	0	
MixCITY	10	60	
FireSand	40	75	-
COArse Sand	75	85	-
Finesand	85	E	-
COAUSE Sand	- 95-	105	
Fine Sand	105	115	
COArse Sand	<u></u>	13	7

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

0

Signature of Water Well Contractor



STAT	TE WELL REPORT		
Permit # <u>6</u> <u>6</u> <u>6</u> <u>6</u> <u>6</u> <u>6</u> <u>7</u> <u>6</u> <u>6</u> <u>6</u> <u>6</u> <u>7</u> <u>7</u> <u>6</u> <u>6</u> <u>6</u> <u>7</u> <u>7</u> <u>6</u> <u>6</u> <u>7</u>	Part 2 Installer's Completion Report Department of Environmental Quality of Lánd and Water Resources P.O. Box 10631 fackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)	For Office Use Only: Aquifer: Well #: $Q - 149$ Elevation:	
This report should be prepared by the pump installe			
installation of pump. Well Owner Information	······································		
Mailing Address: ((O Leroy Frey 1528 Murphy Rd	Latitude: 33° 07' 05 Method of Lat/Long (circle o USGS quad Han	Well Location Latitude: 33° 07 ¹ 05 ¹¹ Longitude: <u>10° 44' 10''</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad Hand-held GPS, Survey-grade GPS	
H <u>Ollondale MS 38749</u> City State Zip Coc	Distance Direction	<u>A</u> Twn <u>ISN</u> Rng SW Nearest Town of <u>IAONOCALE</u>	
Pump Type Circle one		wer Type Lircle one	
Air Lift Jet Submersible			
Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: 3-05-09	Electric Motor Hand		
Rated Pump Capacity: Gallons Per M		feet	
Pump Test Data		easuring Water Level	
Date Well Tested:Feet Below Land Su Static Water Level (A):Feet Below Land Su Pumping Water Level (B):Feet Below Land Su	urface Other (specify);	asuring Line Steel Tape	
Drawdown [(B) - (A)]:		but in head:feet	
Test Pumping Rate:Gallons Per M Duration of Pump Test (minimum 4 hours):b		GPM with a drawdown ofhours of pumping	
I HEREBY CERTIFY that the above statements are true to <u>Comp Rowe</u> 0-711P Print Name of Pump Installer and License No. (if applicable		nstaller RECEI	

BY: OLWR