

FREY

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
(601)961- 5210
(601)961- 5228 (fax)

County: Washington
 Permit #: GW-45677
 Driller: J. NEWCOME 0.773
 Date drilling completed: 4.23.2012

For Office Use Only:
 Aquifer: Q 160
 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.

| | |
|--|--|
| <p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Leroy and Tony Frey</u> Mailing Address: <u>1528 Murphy Road</u> <u>Hollandale MS 38748</u> City State Zip Code Telephone No. () _____</p> | <p>Well or Borehole Location</p> <p>Latitude: <u>33° 10' 27"</u> Longitude: <u>90° 41' 34"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 03 Twn 15N Rng 05W</u> Distance Direction Nearest Town <u>10 Miles E. of HOLLANDALE</u></p> |
|--|--|

Well / Borehole Data

Date drilling started: 4.23.12 Date drilling completed: 4.23.12 Hole depth: 112 Hole diameter: 24"
 Location of the source of any surface water used for drilling: DITCH
 Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS
 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: _____ feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix
 Casing length: 70 feet Casing diameter: 16 inches Type of casing: P.V.C.
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.
 Screen slot size: .050 inches Setting depth: From 70 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 next page*

Form: OLWR-SWR-1A (04/08)

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Q160

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: Washington
 Permit #: GW 45677
 Driller: J. Newcome 0-773
 Date completed: 4-23-2012
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: Q160
 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 | Well Location |
|--|---|
| Owner Name: <u>Leroy and Tony Frey</u> | Latitude: <u>33° 10' 27"</u> Longitude: <u>90° 41' 34"</u> |
| Mailing Address: <u>1528 Murphy Road</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Hollandale MS. 38748</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | <u>NE 1/4 SE 1/4 Sec 03 T 15N R 05W</u> |
| Telephone No. (____) _____ | Distance Direction Nearest Town <u>10 Miles E of Hollandale</u> |

| Pump Type | Power Type |
|---|--|
| Circle one | 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>4/30/12</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>2400</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level |
|--|---|
| Date Well Tested: _____ | Circle one |
| Static Water Level (A): _____ Feet Below Land Surface | Air Line Electric Measuring Line <u>See Table</u> |
| Pumping Water Level (B): _____ Feet Below Land Surface | Other (specify): _____ |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Test Pumping Rate: _____ Gallons Per Minute | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

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

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