

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 #: N180
Aquifer: _____
E-Log #: _____

County: Amite
Permit #: _____
Driller: Eldred Well Service
Date drilling completed: 12-30-16

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Robert Washington</u>	Latitude: <u>31° 06' 42"</u> Longitude: <u>90° 48' 13.3"</u>
Mailing Address: <u>Alfred Ln</u>	Method of Lat/Long (check one): Conventional Survey _____
City: <u>Lumbay</u> State: <u>MS</u> Zip Code: _____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. (____) _____	<u>SE 1/4 SE 1/4, Sec 31 T 2N R 4E</u>
	_____ Miles _____ of _____
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 12-30-16 Date drilling completed: 12-30-16 Hole depth: 100' Hole diameter: 8"

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

Method of dosing and volume of Chlorine used in drilling and development: _____

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: 50' feet [above or below] land surface (circle one) Date measured: 12-30-16

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

Well depth: 100' Well grouted to a depth of: 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 010 inches Setting depth: From 90' feet to 100' feet

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

Other (describe): _____

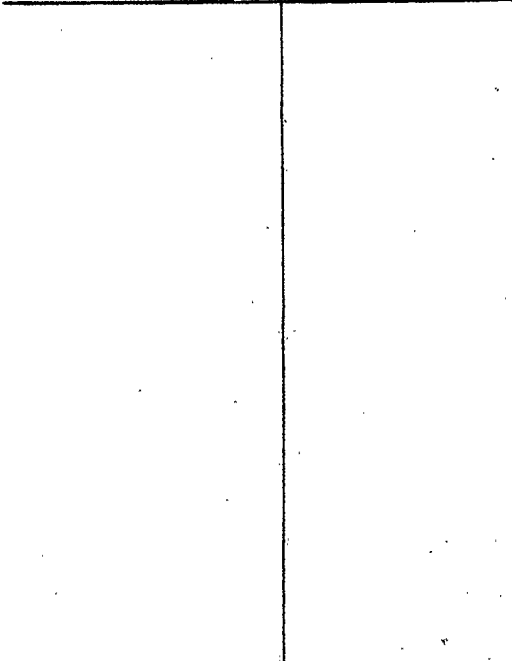
Top of lap pipe or reduction in casing: _____ feet

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

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The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level



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)
	Ground Level	
Clay	0	20
Sand	20	40
Clay	40	52
Sand	50	60
Clay	60	80
Sand	80	90
Coarse Sand	90	100

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) a north arrow.

Landowner Name: Robert Washington

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

I 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.

Brad Fitzgerald 0291 12-30-16 Bullfield
Print Name of Responsible Licensee and License No. Date Signature of Licensee

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Services
 Date completed: 12-30-16
Copy information from block on Part 1

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)

For Office Use Only:
 Aquifer: _____
 Well #: N180
 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>Robert Washington</u>	Latitude: <u>31° 6' 9.2"</u> Longitude: <u>90° 48' 13.3"</u>
Mailing Address: <u>Alfred Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Liberty</u> <u>MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 31 T2N R4E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type	Power Type
Air Lift	Diesel Engine
Circle one	Circle one
Jet <input type="radio"/>	Gasoline Engine <input type="radio"/>
<u>Submersible</u> <input checked="" type="radio"/>	Natural Gas <input type="radio"/>
Bucket	<u>Electric Motor</u> <input checked="" type="radio"/>
Piston <input type="radio"/>	Hand <input type="radio"/>
Turbine <input type="radio"/>	Tractor PTO <input type="radio"/>
Centrifugal	Windmill <input type="radio"/>
Rotary <input type="radio"/>	Other (specify): _____
Flowing Well <input type="radio"/>	Horse Power Rating of Motor: <u>1/2</u>
Other (specify): _____	Setting Depth: <u>90</u> feet
Date Pump Installed: <u>12-30-16</u>	Number of Stages: <u>8</u>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	

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

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

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

Brad Fitzgerald 024 Paul Stodd
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

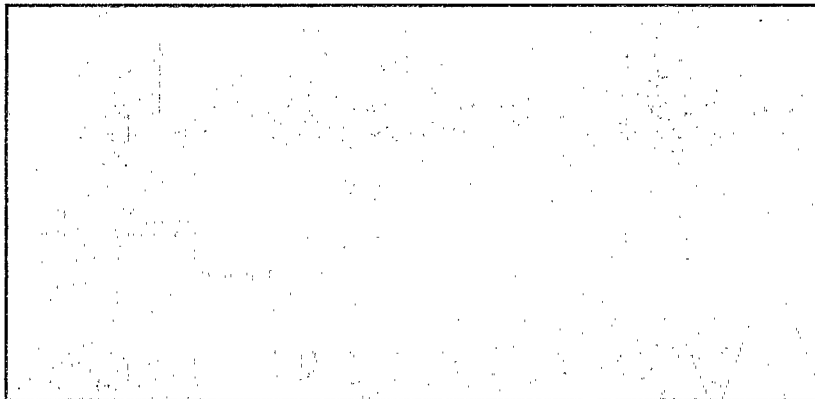
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N180

Google Maps 31°06'09.2"N 90°48'13.3"W



Imagery ©2017 Google, Map data ©2017 Google 200 ft



31°06'09.2"N 90°48'13.3"W

31.102550, -90.803687

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Robert Washington

100' 50' 90'

1/2 HP

12-30-10

<https://www.google.com/maps/place/31%C2%B006'09.2%22N+90%C2%B048'13.3%22...>

1/10/2017