

STATE WELL REPORT

290

County: Amite
 Permit #: _____
 Driller: Fitzgerald well service
 Date drilling completed: 7-31-19

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:
 Well #: 0144
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Mike Strawn</u>	Latitude: <u>31°2'34.4"</u> Longitude: <u>90°37'48.8"</u>
Mailing Address: <u>Grange Hall Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Osyka</u> <u>ms.</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW</u> ¼ <u>NW</u> ¼, Sec <u>20</u> T <u>1N</u> R <u>6E</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-31-19 Date drilling completed: 7-31-19 Hole depth: 96' 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 (check all applicable): ☒ 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 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: 30' feet ☐ above or ☒ below land surface Date measured: 7-31-19

(check one)

Method of measurement (check one): ☒ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): _____

Well depth: 96' Well grouted to a depth of: 10' feet Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix

Casing length: 66' feet Casing diameter: 4" inches Type of casing: Pvc

Screen length: 30' feet Screen diameter: 4" inches Type of screen: Pvc

Screen slot size: .012 inches Setting depth: From 66' feet to 96' feet

Type of completion (check all applicable): ☒ gravel packed ☐ Underreamed ☐ Open hole ☐ Natural Development

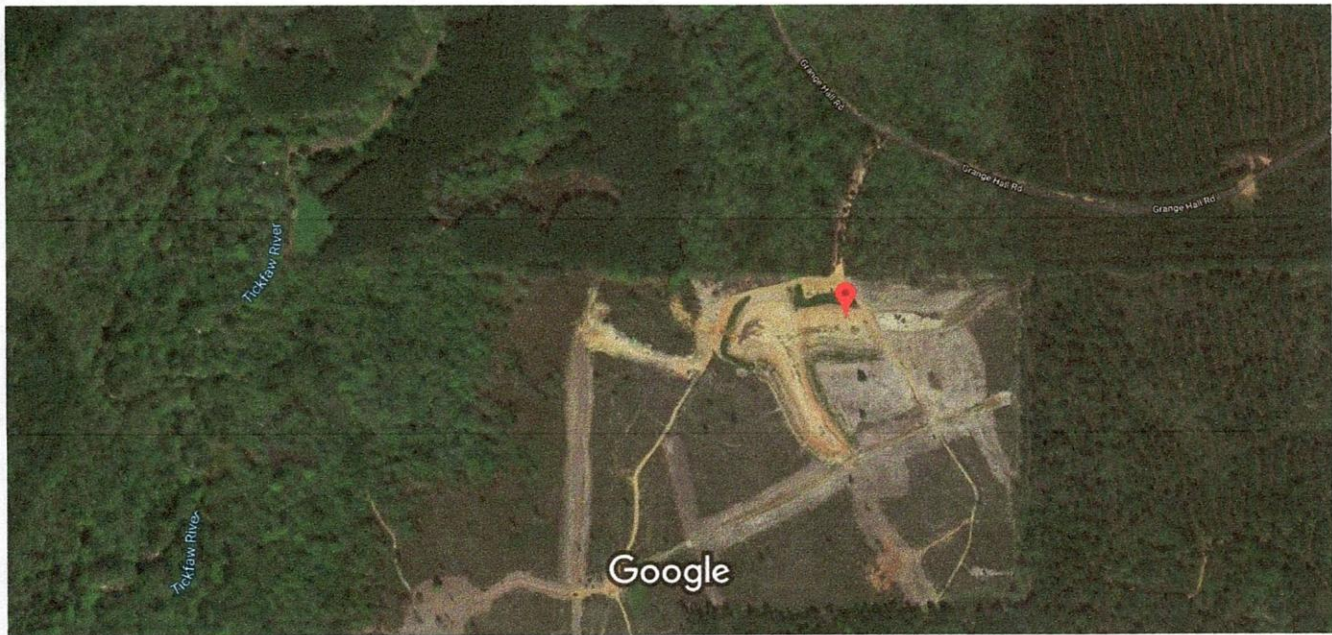
Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

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

RECEIVED
 JAN 22 2020
 BY OLWR

Google Maps 31°02'34.4"N 90°37'48.8"W



Imagery ©2019 Maxar Technologies, U.S. Geological Survey, USDA Farm Service Agency, Map data ©2019 200 ft

Mike Strawn

Grange Hall Rd,

7-31-19

96'

30'

80'

5 HP.

#1 60 GPM

RECEIVED

JAN 22 2020

EY OLIVER

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 #: U 144
Aquifer: _____

County: Amite
Permit #: _____
Driller: Fitzgerald Well Service
Date completed: 7-31-19
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 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>Mike Spawr</u>	Latitude: <u>31° 2' 34.4"</u> Longitude: <u>90° 37' 48.8"</u>
Mailing Address: <u>Grange Hall Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Osyka</u> <u>MS</u> State Zip Code _____	<u>NW</u> 1/4 <u>NW</u> 1/4, Sec <u>20</u> T <u>1N</u> R <u>6E</u>
City _____	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (check one)
 Submersible ☒ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): _____
 Date Pump Installed: 7-31-19 Rated Pump Capacity: 60 Gallons Per Minute
 Is This Pump (check one): ☒ New ☐ Repaired ☐ Replacement

Power Type (check one)
 Electric ☒ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): _____
 Horse Power Rating of Motor: 5 Setting Depth: 80 feet Number of Stages: _____

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 (check 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: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (check one): ☐ New ☐ Repaired ☐ Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. 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.
Brad Fitzgerald 029 7-31-19 Brad Fitzgerald
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer