

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

For Office Use Only:

Well #: K114
Aquifer: _____
E-Log #: _____

County: Franklin
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 11-7-17

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>Raychelle Sumrell</u> | Latitude: <u>31° 27' 3.7"</u> Longitude: <u>90° 41' 13.1"</u> |
| Mailing Address: <u>Murray Rd.</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>M'Call Creek</u> City <u>MS</u> State _____ Zip Code | <u>NE 1/4 NE 1/4, Sec 34 T 6N R 5E</u> |
| Telephone No. (____) _____ | ____ Miles _____ of _____ (Distance) (Direction) (Nearest Town) |

| Well / Borehole Data | |
|---|--|
| Date drilling started: <u>11-7-17</u> Date drilling completed: <u>11-7-17</u> Hole depth: <u>230'</u> Hole diameter: <u>8"</u> | |
| 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): <input checked="" type="checkbox"/> Log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____ | |
| Name of organization running log(s): _____ | |
| Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____ | |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i> | |
| Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture | |
| Other (describe): _____ | |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>120'</u> feet <input type="checkbox"/> above or <input type="checkbox"/> below land surface (check one) Date measured: <u>11-7-17</u> | |
| Method of measurement (check one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____ | |
| Well depth: <u>230'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (check one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix | |
| Casing length: <u>220'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>Pvc</u> | |
| Screen length: <u>10'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>Pvc</u> | |
| Screen slot size: <u>.010</u> inches Setting depth: From <u>220'</u> feet to <u>230'</u> feet | |
| Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development | |
| Other (describe): _____ | |
| Top of lap pipe or reduction in casing: _____ feet | |

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

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 #: | K114 |
| Aquifer: | |

| |
|--|
| County: <u>Franklin</u> |
| Permit #: _____ |
| Driller: <u>Fitzgerald Well Service</u> |
| Date completed: <u>11-7-17</u> |
| <i>Copy information from block on Part 1</i> |

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>Rayhelle Sumrall</u> | Latitude: <u>31° 27' 3.7"</u> Longitude: <u>90° 41' 13.1"</u> |
| Mailing Address: <u>Murray Rd.</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>McCall Creek</u> <u>MS</u> | <u>NE 1/4 NE 1/4, Sec 34 T6N R5E</u> |
| City _____ State _____ Zip Code _____ | _____ 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: 11-7-17 Rated Pump Capacity: 12 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: 3/4 Setting Depth: 160' feet Number of Stages: 12

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.

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 BY OLWR

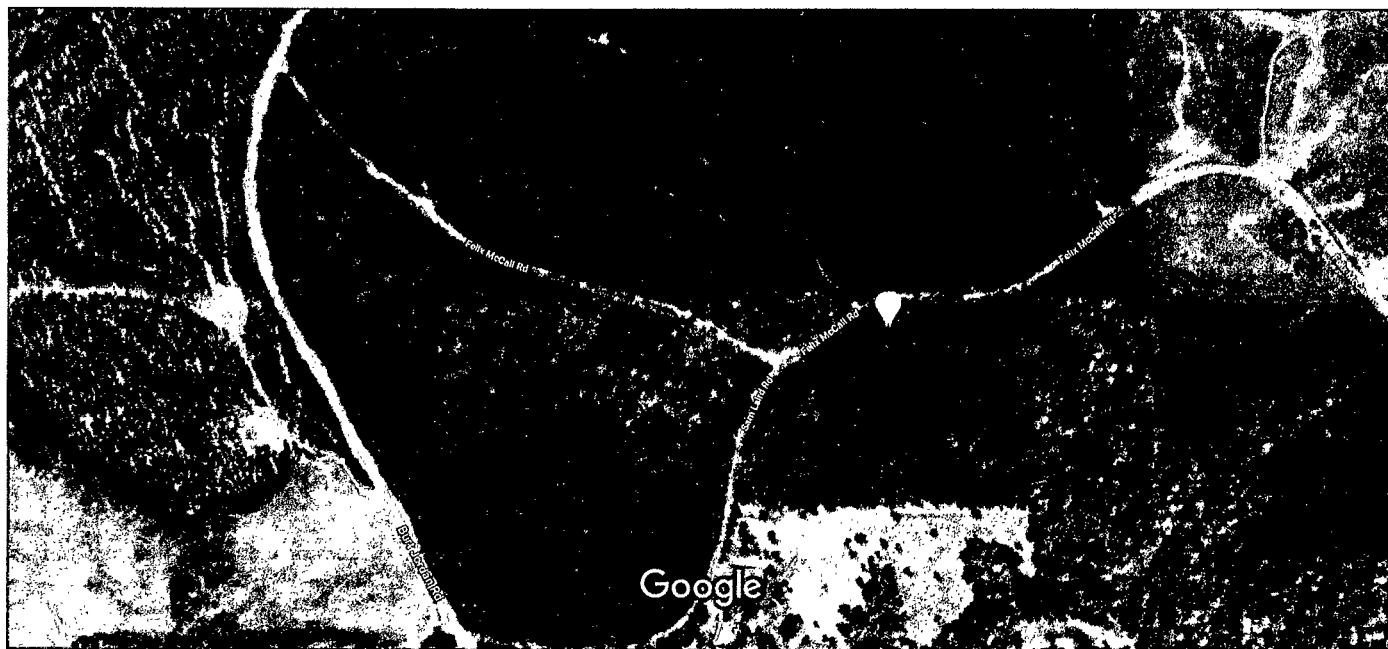
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Brad Fitzgerald 029 11-7-17 Paul Steld

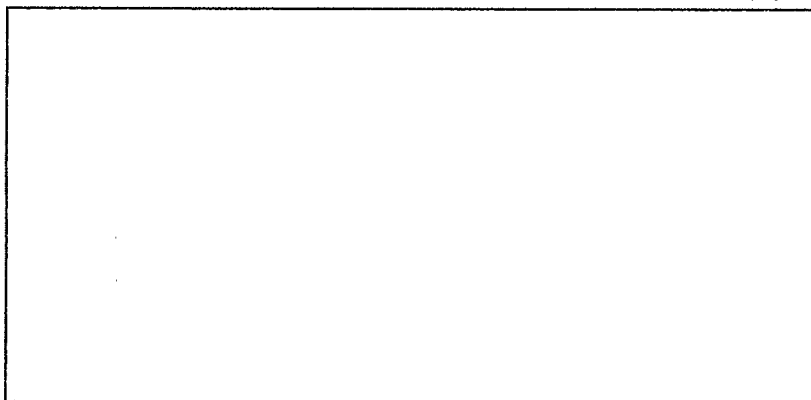
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

K114

Google Maps 31°27'03.7"N 90°41'13.1"W



Imagery ©2018 Google, Map data ©2018 Google 200 ft



31°27'03.7"N 90°41'13.1"W

31.451039, -90.686960

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