

County: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Services  
 Date drilling completed: 4-30-08

### State Well Report

#### Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: Q-40  
 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.**

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Jeff McMullis</u>	Latitude: <u>31° 22' 31.8"</u> Longitude: <u>90° 52' 59.4"</u>
Mailing Address: <u>Middleton Creek Rd</u>	Method of Lat/Long (circle one): <u>32</u> Conventional Survey, _____
<u>Bude</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>18</u> Twn <u>6</u> Rng <u>4E</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 4-30-08 Date drilling completed: 4-30-08 Hole depth: 55' 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 (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: 20' feet above or below (circle one) land surface Date measured: 4-30-08

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 55' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 45' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: NO inches Setting depth: From 45' feet to 55' 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

RECEIVED  
 JUN 13 2008  
 BY: OLWR



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date completed: 4-30-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: Q-40  
 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>Jeff McMullis</u>	Latitude: <u>31° 22' 31.8"</u> Longitude: <u>90° 50' 59.4"</u>
Mailing Address: <u>Middleton Creek Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bude MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City                      State                      Zip Code	_____ 1/4 _____ 1/4 Sec <u>18</u> T <u>5N</u> R <u>4E</u>
Telephone No. (____) _____	Distance                      Direction                      Nearest Town
	_____ Miles                      of _____

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>4-30-08</u>	Setting Depth: <u>50'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

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

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

Brad Fitzgerald                      029                      Paul G. Hester  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

JUN 13 2008

BY: OLWR

# STATE WELL REPORT

PLATE 2

This report is intended for use by the public and is not to be used for legal purposes. It is the property of the State and is loaned to you for your information only. It is to be returned to the State when requested.

Division of Water Resources  
 1000 North Capitol Avenue  
 Lansing, Michigan 48906  
 (517) 373-2100

Well No. \_\_\_\_\_

County \_\_\_\_\_

City/Town/Village \_\_\_\_\_

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

Driller's Name \_\_\_\_\_

Driller's Address \_\_\_\_\_

Driller's Phone \_\_\_\_\_

Driller's License No. \_\_\_\_\_

This report is intended for use by the public and is not to be used for legal purposes. It is the property of the State and is loaned to you for your information only. It is to be returned to the State when requested.

**Well Construction Information**

Well Type \_\_\_\_\_

Well Depth \_\_\_\_\_

Well Diameter \_\_\_\_\_

Well Completion \_\_\_\_\_

Well Construction Material \_\_\_\_\_

Well Construction Date \_\_\_\_\_

**Well Ownership Information**

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

Owner Phone \_\_\_\_\_

Owner License No. \_\_\_\_\_

**Well Test Information**

Test Date \_\_\_\_\_

Test Type \_\_\_\_\_

Test Results \_\_\_\_\_

Test Location \_\_\_\_\_

Test Duration \_\_\_\_\_

**Well Production Information**

Production Date \_\_\_\_\_

Production Type \_\_\_\_\_

Production Results \_\_\_\_\_

Production Location \_\_\_\_\_

Production Duration \_\_\_\_\_

**Well Maintenance Information**

Maintenance Date \_\_\_\_\_

Maintenance Type \_\_\_\_\_

Maintenance Results \_\_\_\_\_

Maintenance Location \_\_\_\_\_

Maintenance Duration \_\_\_\_\_

**Well Safety Information**

Safety Date \_\_\_\_\_

Safety Type \_\_\_\_\_

Safety Results \_\_\_\_\_

Safety Location \_\_\_\_\_

Safety Duration \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Driller \_\_\_\_\_

Signature of Owner \_\_\_\_\_