	State Well Report	
County: Franklin.	Part 1 – Driller's Log	For Office Use Only:
l N	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: <u>\& - 40</u>
Permit #:	P.O. Box 10631 Jackson, MS 39289-0631	•
Date drilling completed: 4-30-05,	(601)961-5210	L. S. Elevation:
	(601)354-6938 (fax)	E-log #:
	be prepared by the license holder responsible for i rithin 30 days of completion of drilling of the well	
Information on Well Ow	mer Well or Bo	rehole Location
(Landowner if borehole is not for	a water well)	K."Longitude: 90. 50.59.4"
Owner Name Jeff Mcmils	1 Lantinge: 37 2 3.2	Longitude. 15
Mailing Address: Middleton Co	Method of Lat/Long (circle or	
<u> </u>	USGS quad, Hand-held	GPS, Survey-grade GPS
Rudo MC		Twn_Rng
<u>Rude</u> MS City State	Zip Code Distance Direction	
Telephone No. ()	Miles	oi
	Well / Borehole Data	
Date drilling started: 4-30-08 Date drilli	ing completed: 4-30-08 Hole depth: 55	Hole diameter: 8"
Location of the source of any surface water of Method of dosing and volume of Chlorine of	used for drilling: used in drilling and development:	
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray Density Sonic Neutron	Other:
Purpose of borehole (check one): Water Well	Geotechnical/Geological Investigation Ground	Source Heat Pump
	rveyOther (describe) water well construction, skip the remainder of this bl	ock
,	ustrial Public Supply Irrigation Fish Culture	
-	ValveOther (describe)	
	•	4-30-08
·		
` `	I tape electric tape air line other:	_
	h of 6 feet Type of grout (circle one). Neat Cen	Bentonite Mix
Casing length: 45 feet Casing		1
Screen length:feet Screen	diameter: 4" inches Type of screen: 4	Į.
Screen slot size: MU inches	Setting depth: From 45 feet to 52	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: _

Form: OLWR-SWR-1A

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

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The	sketch	<i>below</i>	only	required	for	water wells

If well	telescopes,	show	depths	on	sketch.
Gre	ound 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	
clu-to.	6	20
clut. conditional	20	40
Couse Sand	40	55
	<u> </u>	
		
		†

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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the pr	
4) a north arrow.	
1 shop	
middleton treet	
Landowner Name: Jeff McMills	
	Form: OLWR-SWR-1A

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

Brud Fitzgald

Print Name of Responsible Licensee and License No.

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STATE WELL REPORT

County: FIAnk In Permit #: _

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:
Aquifer:
Well #: 2 - 40
Elevation:

Driller: Kitz like d Will strain	D. Box 10631
Data completed: 4-36-08 Jackson	n, MS 39289-0631 Well #: 2 - 70
(601	01)961-5210)354-6938 (fax) Elevation:
Copy information from block on Part 1	
This part of the report must be completed by a licensed water w report must be attached and both parts filed with the Departmen	ell contractor or a licensed pump installer. A copy of Part 1 of the nt at the above address within 30 days of well completion.
Well Owner Information	Well Location
Owner Name: Jeff McMils,	Latitude: 310 22' 31.8'Longitude: 90 50 59.4"
Mailing Address: Maddle tun (ree t Rd)	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
P. do mc	
Bude MS City State Zip Code	¼¼ Sec_10_T_3/V_R_TC
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	Miles of
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor: 3/4
Date Pump Installed: 4.30 - 03	Setting Depth:feet
Rated Pump Capacity: 12 Gallons Per Minute	Number of Stages: 12
Pump Test Data	Method of Measuring Water Level
Date Well Tested:	Circle one
	Air Line Electric Measuring Line teel Tape
Static Water Level (A):Feet Below Land Surface	Other (specify):
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 yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
I HEREBY CERTIFY that the above statements are true to the be	st of my knowledge.
Brad intervald, Orga	Red White
72 ALLEST 1 - 17 P VILLE 117	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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BY: OLWR

STATE WELL REPORT

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