

STATE WELL REPORT

424

County: Franklin
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 10-1-20

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 #: P 165
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Don Misch</u>	Latitude: <u>31° 24' 9"</u> Longitude: <u>90° 43' 18.7"</u>
Mailing Address: <u>Little Springs Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Smithdale ms.</u>	<u>SE</u> ¼ <u>NE</u> ¼, Sec <u>17</u> T <u>5N</u> R <u>SE</u>
City _____ State _____ Zip Code _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 10-1-20 Date drilling completed: 10-1-20 Hole depth: 207' 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: 110' feet above or below land surface Date measured: 10-1-20
(check one)

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

Well depth: 207' Well grouted to a depth of: 10' feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 197' feet Casing diameter: 4" inches Type of casing: Avc

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

Screen slot size: .010 inches Setting depth: From 197' feet to 207' 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

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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)

County: Franklin
Permit #: ETZgerald Well Serv
Driller: ETZgerald Well Serv
Date completed: 10-1-20
Copy information from block on Part 1

For Office Use Only:
Well #: P 165
Aquifer: _____

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
Owner Name: Dan Misch
Mailing Address: Little Springs Rd
Smithdale MS
City: _____
State: _____
Zip Code: _____
Telephone No. () _____

Well Location
Latitude: 31° 24' 9" Longitude: 90° 43' 18.7"
Method of Lat/Long (check one): Conventional Survey
USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Miles _____ of _____ (Distance) _____ (Direction) _____ (Nearest Town)

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 10-1-20
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: 150' feet Number of Stages: 12

Pump Test Data for Non Flowing Well
Date Well Tested: _____
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): _____
Measured shut in head: _____ feet.
GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____
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.
Print Name of Pump Installer and License No. (if applicable) Blind Fitzgerald 0221
Date 10-1-20
Signature of Pump Installer [Signature]

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16-1-20
207
110
150
3/4 H/A
Dan Mosch
Little Springs Rd

Franklin

Imagery ©2021 Maxar Technologies, USDA Farm Service Agency, Map data ©2021 100 ft



Google Maps 31°24'00.9"N 90°43'18.7"W