

County: ~~Lawrence~~ Lawrence  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 8-17-06

### State Well Report Part I - 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 #: J-38  
 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>Mike Mitchell</u>	Latitude: <u>31° 27' 15"</u> Longitude: <u>90° 14' 01"</u>
Mailing Address: <u>Lumbert Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Jayess</u> <u>MS</u> City State Zip Code	SW 1/4 SE 1/4 Sec <u>31</u> Twn <u>6N</u> Rng <u>10E</u>
Telephone No. ( ) _____	Distance <u>6</u> Miles Direction <u>NW</u> of Nearest Town <u>Jayess</u>

**Well / Borehole Data**

Date drilling started: 8-17-06 Date drilling completed: 8-17-06 Hole depth: 137' 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: 75' feet above or below (circle one) land surface Date measured: 8-17-06

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

Well depth: 137' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 127' feet Casing diameter: 4" inches Type of casing: Pvc

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

Screen slot size: .012 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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*

*Pump installed by the warehouse.*

Form: OLWR-SWB-1A  
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 AUG 24 2006  
 BY: OLWR

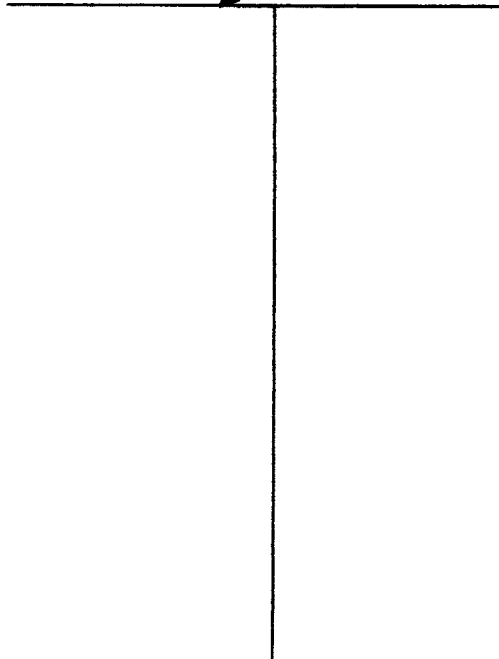
J-38

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

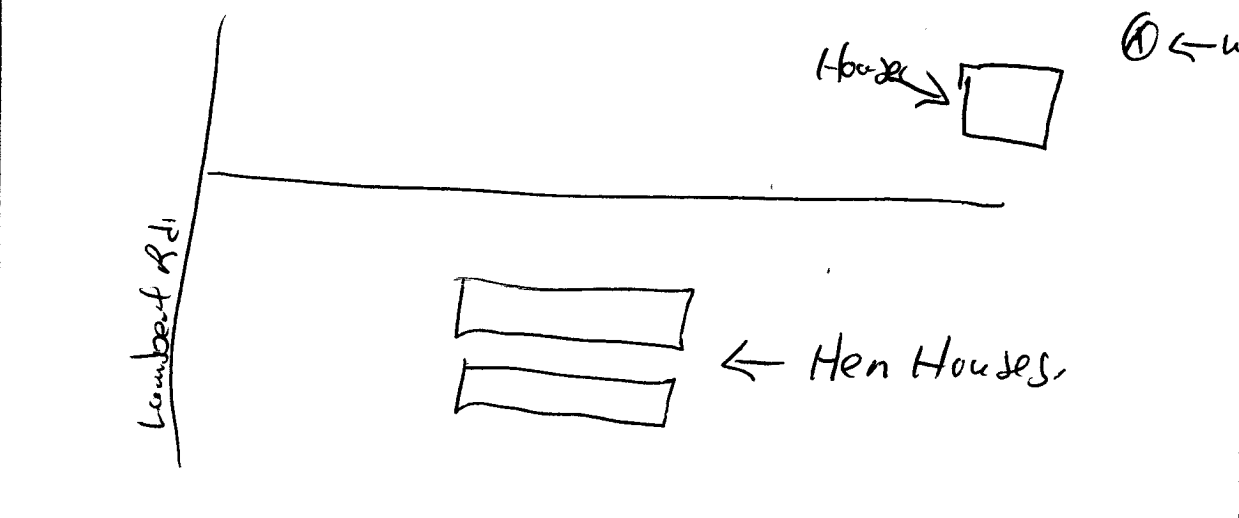
Ground Level  $\rightarrow$  X



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
Sand & gravel	20	80
clay	80	110
Sand	110	120
coarse Sand	120	137

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 property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: Mike Mitchell

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 laws.

Bred F. J. J. J. 029. 8-17-06. Bred J. J.  
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only

Aquifer:
Well #: J-38
Elevation:

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Well Location

Name: Mike Mitchell
Mailing Address: Lobket Rd.
Liquor No.
City: State: Zip Code:

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey grade GPS
1/4 Sec 31 Twn 6N Rng 10E
Distance Direction Nearest Town:
6 Miles NW of Jay

Pump Type
Circle one

Power Type
Circle one

Submersible
Piston Turbine
Rotary Flowing Well
Date Pump Installed: 8-21-06
Rate Pump Capacity: 20 Gallons Per Minute

Diesel Engine Gasoline Engine
Electric Motor Hand
Windmill Other (specify):
Horse Power Rating of Motor: 3/4
Setting Depth: 100
Number of Stages: 8

Pump Test Data

Method of Measuring Water Level
Circle one

Date Well Tested: 8-21-06
Static Water Level (A): 75 Feet Below Land Surface
Pumping Water Level (B): 85 Feet Below Land Surface
Test Pumping Rate: 20 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Air Line Electric Measuring Line Steel Tape
Other (specify):
For flowing well, measured shut in head
Well yielded GPM with a drawdown of
feet after hours of pumping

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)

Signature of Pump Installer

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