

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)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: 121 200
Aquifer: _____
E-Log #: _____

County: LicoIn
Permit #: _____
Driller: Fitzgerald Well Serv
Date drilling completed: 8-13-13

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>Jackie Smith</u> | Latitude: <u>31° 28' 22.6"</u> Longitude: <u>90° 24' 11.2"</u> |
| Mailing Address: <u>Enterprise Rd.</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>Enterprise Rd.</u> <u>MS</u> | <u>NW 1/4 SE 1/4, Sec 21</u> ✓ T <u>6N</u> ✓ R <u>8E</u> ✓ |
| City State Zip Code | _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town) |
| Telephone No. (____) _____ | |

| Well / Borehole Data | |
|--|--|
| Date drilling started: <u>8-13-13</u> Date drilling completed: <u>8-13-13</u> Hole depth: <u>204'</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 (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____ | |
| Name of organization running log(s): _____ | |
| Purpose of borehole (circle one): <u>(Water Well)</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____ | |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i> | |
| Purpose of Well (circle all applicable): <u>(Home)</u> Industrial Public Supply Irrigation Fish Culture | |
| Other (describe): _____ | |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>57'</u> feet [above or below] land surface Date measured: <u>8-13-13</u> (circle one) | |
| Method of measurement (circle one): <u>(Steel tape)</u> Electric tape Air line Other (describe): _____ | |
| Well depth: <u>204'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): <u>(Neat Cement)</u> Bentonite Mix | |
| Casing length: <u>184'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>Pvc</u> | |
| Screen length: <u>20'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>Pvc</u> | |
| Screen slot size: <u>010/012</u> inches Setting depth: From _____ feet to _____ feet | |
| Type of completion (circle all applicable): <u>(Gravel packed)</u> 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

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 #: M.200
 Aquifer: _____

County: Lecolm.
 Permit #: _____
 Driller: Fitzgerald Well Serv.
 Date completed: 8-13-13
Copy information from block on Part 1

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>Jackie Smith</u> | Latitude: <u>31° 28' 22.6"</u> Longitude: <u>90° 24' 11.2"</u> |
| Mailing Address: <u>Enterprise Rd</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>Enterprise</u> City <u>MS</u> State _____ Zip Code | <u>NW 1/4 SE 1/4, Sec 21 T 6N R 8E</u> |
| Telephone No. (____) _____ | _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town) |

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 8-13-13 Rated Pump Capacity: 20 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1 Setting Depth: 110' feet Number of Stages: 8

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 (circle 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 (circle one): New Repaired Replacement

RECEIVED
BY: OLWR

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.

Brian Fitzgerald 029 8-13-13 Baldwell
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer