

STATE WELL REPORT

354

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 #: J 184
Aquifer: _____
E-Log #: _____

County: Pike
Permit #: _____
Driller: Fitzgerald well serve
Date drilling completed: 8-11-20

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>Allen Mumford</u> | | Latitude: <u>31° 6' 34"</u> Longitude: <u>90° 16' 39.9"</u> | |
| Mailing Address: <u> Hwy 48</u> | | Method of Lat/Long (check one): Conventional Survey _____, | |
| <u>Magador</u> | | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ | |
| City | State | Zip Code | <u>NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>27</u> T <u>2N</u> R <u>9E</u> |
| Telephone No. (____) _____ | | _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town) | |

Well / Borehole Data

Date drilling started: 8-11-20 Date drilling completed: 8-11-20 Hole depth: 265' 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: 90' feet ☐ above or ☒ below land surface Date measured: 8-11-20
(check one)

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

Well depth: 265' Well grouted to a depth of: 10' feet Type of grout (check one) ☐ Neat Cement ☒ Bentonite ☐ Mix

Casing length: 245' feet Casing diameter: 4" inches Type of casing: Pvc

Screen length: 20' feet Screen diameter: 4" inches Type of screen: Pvc

Screen slot size: .010 inches Setting depth: From 245' feet to 265' 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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BY OLWR

Permit #: _____

For Office Use Only:

Well #:

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

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

[illegible]

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) north arrow

Landowner Name:

Allen Mumford

I HEREBY 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.

BRAD Fitzgerald O29

8-11-20

Rud. Hilde

Signature of Licensee

Print Name of Responsible Licensee and License No.

Date _____

Form: OLWR-SWR-1B (4/13)

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 #: J 184

Aquifer: _____

County: Pike
Permit #: _____
Driller: Fitzgerald well service
Date completed: 8-11-20
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>Alex Mumford</u> | | Latitude: <u>31° 6' 34"</u> | Longitude: <u>90° 16' 39.8"</u> |
| Mailing Address: <u> Hwy 48.</u> | | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ | |
| <u>magalia</u> City | <u>MS</u> State | <u>NE</u> ¼ <u>SE</u> ¼, Sec <u>27</u> T <u>2N</u> R <u>9E</u> | |
| Telephone No. () _____ | Zip Code _____ | 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: 8-11-20 Rated Pump Capacity: 35 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 Setting Depth: 140' feet Number of Stages: _____

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 (check 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

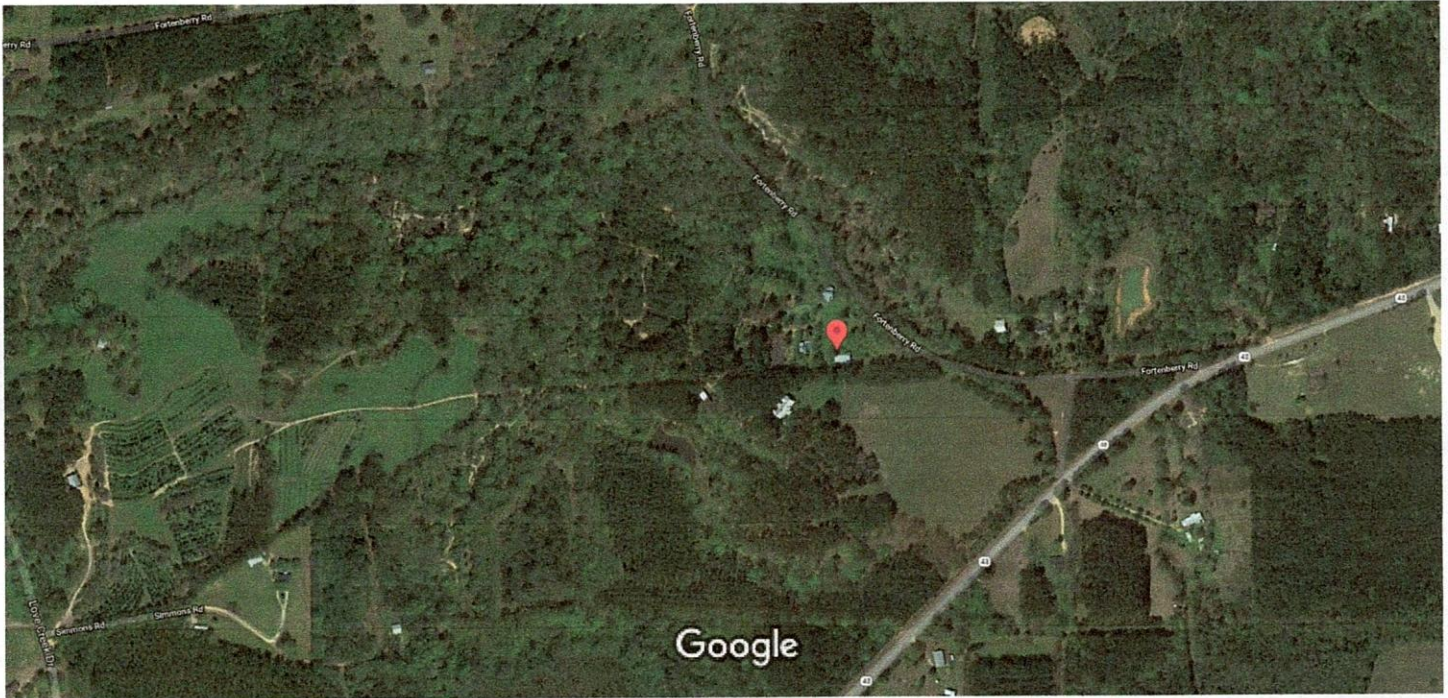
Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (check one): ☐ New ☐ Repaired ☐ 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.

Brad Fitzgerald 029 8-11-20 Rud J. Hef
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Google Maps 31°06'34.0"N 90°16'39.9"W



Imagery ©2021 Maxar Technologies, U.S. Geological Survey, USDA Farm Service Agency, Map data ©2021 200 ft

Pike
Alvar Mamm Conf.
Aug 48
8-11-20
265°
90°
140°
3 HP.

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MAR 24 2021
BY OLWR