

# State Well Report Part 1 - 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)

County: Platte  
 Permit #: \_\_\_\_\_  
 Driller: Raymond Wellborn  
 Date drilling completed: 7-14-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-188  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Randy Furbush</u>	Latitude: <u>31° 3' 58.1"</u> Longitude: <u>90° 24' 38.1"</u>
Mailing Address: <u>Gluckhart</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: <u>Magnolia</u> State: <u>MS</u> Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 9 Twn 1N Rng 8E</u>
Telephone No. ( ) _____	Distance _____ Miles Direction _____ of Nearest Town _____

**Well / Borehole Data**

Date drilling started: 7-14-08 Date drilling completed: 7-14-08 Hole depth: 155' 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, strike the remainder of this block.*

Purpose of Well (check one): Home  Industrial  Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: Poultry House

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 77' feet above or below (circle one) land surface Date measured: 7-14-08

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

Well depth: 155' Well grouted to a depth of 10' feet Type of grout (circle one):  Best Cement  Bentonite  Mix

Casing length: 145' 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 145' feet to 165' feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_

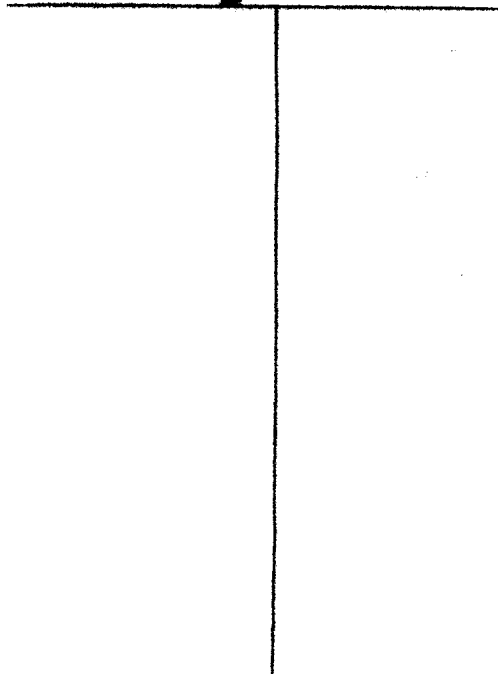
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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The sketch below only required for water wells.

If well screens, show depths on sketch  
Ground Level  $\rightarrow$



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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Clay	0	20
Sand	20	60
Gravel	60	80
Clay	80	120
Sand	120	140
Coarse sand	140	155

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: Randy Futenberg

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.

Brad Fitzgerald      026      7-14-08

Print Name of Responsible Licensee and License No.

Date

Brad Fitzgerald

Signature of Licensee

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# STATE WELL REPORT

## Part 2

**Pump Installer's Construction Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10881  
 Jackson, MS 39289-0631  
 (601) 561-5210  
 (601) 354-6936 (fax)

County: PIKE  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Serv.  
 Date completed: 7-14-08  
 Copy information from blank on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-188  
 Elevation: \_\_\_\_\_

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 of Environmental Quality, Office of Land and Water Resources.

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Randy Fadenberg</u></p> <p>Mailing Address: <u>Caludhurst Rd.</u></p> <p style="text-align: center;"><u>Madison</u></p> <p style="text-align: center;">City                      State                      Zip Code</p> <p>Telephone No. ( ) _____</p>	<p style="text-align: center;"><b>Well Location</b></p> <p>Latitude: <u>31° 3' 58"</u> Longitude: <u>90° 24' 38.1"</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____</p> <p>USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____</p> <p style="text-align: center;">_____ 1/4 _____ 1/4 Sec _____ T _____ R _____</p> <p>Distance                      Direction                      Nearest Town</p> <p style="text-align: center;">_____ Miles                      of _____</p>
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<p style="text-align: center;"><b>Pump Type</b> Circle one</p> <p>Air Lift                      Jet                      <u>Submersible</u></p> <p>Bucket                      Piston                      Turbine</p> <p>Centrifugal                      Rotary                      Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>7-14-08</u></p> <p>Rated Pump Capacity: <u>25</u> Gallons Per Minute</p>	<p style="text-align: center;"><b>Power Type</b> Circle one</p> <p>Diesel Engine                      Gasoline Engine                      Natural Gas</p> <p><u>Electric Motor</u>                      Hand                      Tractor PTO</p> <p>Windmill                      Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1/2</u></p> <p>Setting Depth: <u>130</u> feet</p> <p>Number of Stages: <u>10</u></p>
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<p style="text-align: center;"><b>Pump Test Data</b></p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p style="text-align: center;"><b>Method of Measuring Water Level</b> Circle one</p> <p>Air Line                      Electric Measuring Line                      <u>Steel Tape</u></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Brad Fitzgerald                      024  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

Form: OLWR-SWR-1B

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