

# 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 #: K 232  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Walthall  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Serv.  
Date drilling completed: 7-9-15

*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>Shane Whithmore</u>	Latitude: <u>31° 6' 16.7"</u> Longitude: <u>90° 14' 5.3"</u>
Mailing Address: <u>Horse Shoe Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tylertown</u> <u>ms</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>5E 1/4 SW 1/4, Sec 30 T. 2N R. 10E</u>
Telephone No. ( ) _____	_____ Miles _____ of _____
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 7-9-15 Date drilling completed: 7-9-15 Hole depth: 220' 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 (circle 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 (circle 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: 60' feet [above or below] land surface Date measured: 7-9-15  
(circle one)

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 220 Well grouted to a depth of: 10' feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 210' feet Casing diameter: 4" inches Type of casing: Pvc

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

Screen slot size: .010 inches Setting depth: From 210' feet to 220' feet

Type of completion (circle 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*



# 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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Waltham  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date completed: 7-9-15  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E232  
 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 at the above address within 30 days of well completion.*

**Well Owner Information**

Owner Name: Shane Whitterson  
 Mailing Address: High Shoe Rd  
Tylahoun ms  
City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**

Latitude: 31° 6' 16.7" Longitude: 90° 14' 5.3"  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_  
 \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
 \_\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_

**Pump Type**  
 Circle one

Air Lift  Jet  Submersible  
 Bucket  Piston  Turbine   
 Centrifugal  Rotary  Flowing Well   
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 7-9-15  
 Rated Pump Capacity: 12 Gallons Per Minute

**Power Type**  
 Circle one

Diesel Engine  Gasoline Engine  Natural Gas   
Electric Motor  Hand  Tractor PTO   
 Windmill  Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 3/4  
 Setting Depth: 120' feet  
 Number of Stages: 12

**Pump Test Data**

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  
 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

**Method of Measuring Water Level**  
 Circle one

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

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Brad Fitzgerald 029 Paul [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer