

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 #: H159
Aquifer: _____
E-Log #: _____

County: Walthall
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 7-20-15

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>Scott Weeks</u>	Latitude: <u>31°4'46"</u> Longitude: <u>90°14'44.3"</u>
Mailing Address: <u>Old River Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tyler</u> <u>MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4, Sec 1 T1N R9E</u>
Telephone No. () _____	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-20-15 Date drilling completed: 7-20-15 Hole depth: 160' 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: 20' feet [above or below] land surface Date measured: 7-20-15
(circle one)

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

Well depth: 160' Well grouted to a depth of: 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150' feet Casing diameter: 4" inches Type of casing: PCC

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

Screen slot size: .010' inches Setting depth: From 150' feet to 160' 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

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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
clay	0	20
crackl.	20	40
sand	40	80
clay	80	140
sand	140	150
course sand	150	160

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: Scott Weeks

Form: OLWR-SWR-1A (04/08)

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 029. 780-15.
Print Name of Responsible Licensee and License No.

Date

[Signature]
Signature of Licensee

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: Walton
 Permit #: _____
 Driller: Fitzgerald Well Services
 Date completed: 7-20-15
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H159
 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	Well Location
Owner Name: <u>Scott Weeks</u>	Latitude: <u>31° 4' 46"</u> Longitude: <u>90° 14' 44.3"</u>
Mailing Address: <u>Old River Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tylertown MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>7-20-15</u>	Setting Depth: <u>110'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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