

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: H164
Aquifer: _____
E-Log #: _____

County: Wallham
Permit #: _____
Driller: Fitzgerald Water Well
Date drilling completed: 9-15-17

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Blake Brock</u>	Latitude: <u>31° 01' 14.4" N</u> Longitude: <u>91° 01' 48.2" W</u>
Mailing Address: <u>Brockdale Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tylintown</u> <u>Ms</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4, Sec 29 T 1N R 10E</u>
Telephone No. () _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 9-15-17 Date drilling completed: 9-15-17 Hole depth: 115 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: None

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: 600 feet above or below land surface Date measured: 9-15-17
(check one)

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

Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 105 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 105 feet to 115 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

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)

County: <u>Walther</u>
Permit #: _____
Driller: <u>Fitzgerald Water Well</u>
Date completed: <u>9-15-17</u>
<u>Copy information from block on Part 1</u>

For Office Use Only:
Well #: <u>H164</u>
Aquifer: _____

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>Blake Brock</u>	Latitude: <u>31° 01' 14.4" N</u> Longitude: <u>90° 12' 48.8" W</u>
Mailing Address: <u>Broadale Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Tylertown</u> <u>MS</u>	_____ ¼ _____ ¼, Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	_____ Miles _____ of _____
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (check one)	
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>9-15-17</u>	Rated Pump Capacity: <u>20</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	

Power Type (check one)	
Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>1</u>	Setting Depth: <u>95</u> feet Number of Stages: <u>8</u>

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 <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> 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): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> 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.

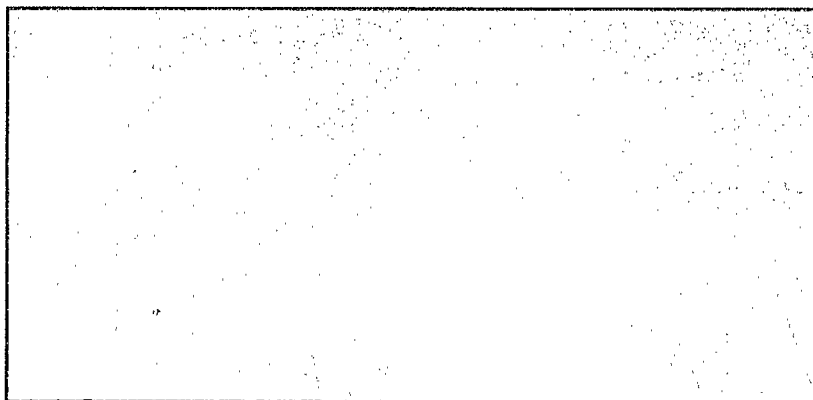
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>Blade Fitzgerald</u>	<u>029</u>	<u>9-15-17</u>
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer <u>Blade Fitzgerald</u>

H164

Google Maps 31°01'14.4"N 90°12'48.8"W



Imagery ©2017 Google, Map data ©2017 Google United States 200 ft



RECEIVED
 OCT 30 2017
 BY OLWIN

31°01'14.4"N 90°12'48.8"W

31.020658, -90.213550

Blake Brock

115-60-95 1HP

9-15-17

Waltham