

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 #: J94
Aquifer: _____
E-Log #: _____

County: Waltham
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 9-28-16

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 Stephens</u>	Latitude: <u>31° 4' 22.5"</u> Longitude: <u>90° 4' 55.9"</u>
Mailing Address: <u>Magee Hill Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tyleslow</u> MS _____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE</u> <input checked="" type="checkbox"/> <u>1/4</u> <u>NW</u> <input checked="" type="checkbox"/> <u>1/4</u> , Sec. <u>10</u> <input checked="" type="checkbox"/> T. <u>1N</u> <input checked="" type="checkbox"/> R. <u>11E</u> <input checked="" type="checkbox"/>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9-28-16</u> Date drilling completed: <u>9-28-16</u> Hole depth: <u>98'</u> Hole diameter: <u>8"</u>
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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>72'</u> feet [above or below] land surface Date measured: <u>9-28-16</u> <small>(circle one)</small>
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____
Well depth: <u>98'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix
Casing length: <u>88'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>88'</u> feet to <u>98'</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

RECEIVED
NOV 04 2016
BY OLWR

ls.

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 Serv.
 Date completed: 9-28-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J94
 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 Stephens</u>	Latitude: <u>31°4'22.5"</u> Longitude: <u>90°4'55.9"</u>
Mailing Address: <u>Magee Hill Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tylertown</u> MS.	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 10 T 1 N R 11 E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>9-28-16</u>	Setting Depth: <u>94'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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.

BIAE Fitzgerald 029 BIAE Fitzgerald
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

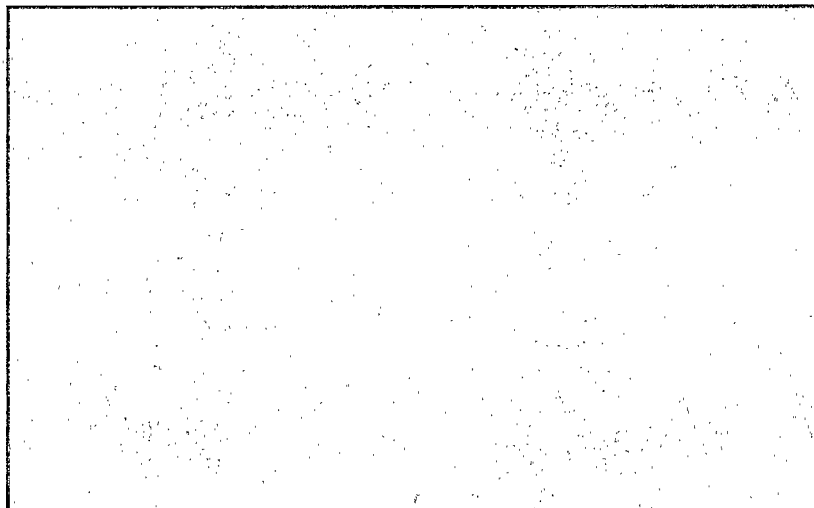
RECEIVED
 NOV 04 2016
 BY OLWR

J94

Google Maps 31°04'22.5"N 90°04'55.9"W



Imagery ©2016 Google, Map data ©2016 Google 200 ft



31°04'22.5"N 90°04'55.9"W

31.072919, -90.082187

Scot Stephens
98

9-28-16

3/4 + 80 capture Hrs

RECEIVED

NOV 04 2016

BY OLWR