

#1

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 110
Aquifer: _____
E-Log #: _____

County: Walthall
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 7-21-15.

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>Arlen Patten</u>	Latitude: <u>31° 3' 42"</u> Longitude: <u>90° 0' 25.3"</u>
Mailing Address: <u>Flowers 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>SE 1/4 SE 1/4, Sec 8 T1N R2E</u>
Telephone No. (____) _____	____ Miles ____ of ____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-21-15. Date drilling completed: 7-21-15. Hole depth: 137' 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

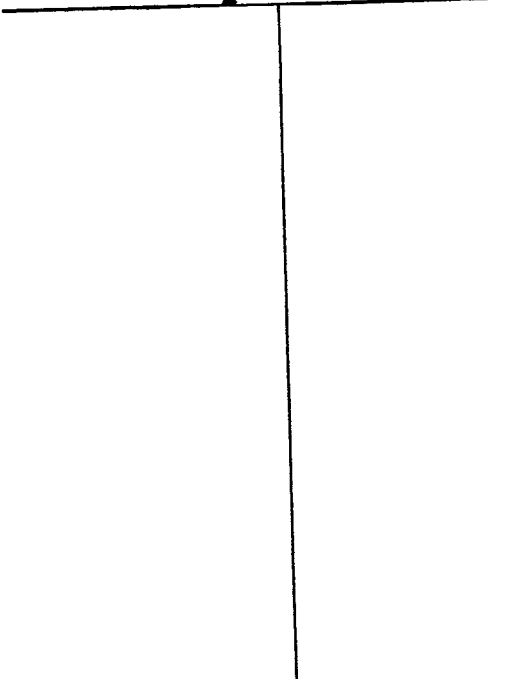
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 75' feet [above or below] land surface Date measured: 7-21-15.
(circle one)
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
Well depth: 137' Well grouted to a depth of: 10' feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 117' feet Casing diameter: 4" inches Type of casing: Pvc
Screen length: 20' feet Screen diameter: 4" inches Type of screen: Pvc
Screen slot size: .010 inches Setting depth: From 117' feet to 137' 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

APG 53 2015

The sketch below only required for water wells

If well telescopes, 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
Clay	20	40
Sand	40	60
Gravel	60	80
Clay	80	110
Curve sand	110	137

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: Allen Ratten

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

7-21-15

[Signature]
 Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

#1

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: 7-21-15
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: K110
 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>Arlen Patton</u>	Latitude: <u>31° 3' 42"</u> Longitude: <u>90° 0' 25.3"</u>
Mailing Address: <u>Flowers 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	Power Type
Circle one	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</u>
Date Pump Installed: <u>7-21-15</u>	Setting Depth: <u>120'</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: _____

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

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