

Wilkinson

STATE WELL REPORT

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 11-12-19

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 #: D 604
 Aquifer: _____
 E-Log #: _____

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>Naomi Halford</u>	Latitude: <u>31° 17' 32.4"</u> Longitude: <u>91° 07' 27"</u>
Mailing Address: <u>Tom Crum Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Crosby</u> <u>MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>26</u> T <u>4N</u> R <u>1E</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11-12-19 Date drilling completed: 11-12-19 Hole depth: 190' 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: _____

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: 30' feet above or below land surface Date measured: 11-12-19
(check one)

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

Well depth: 190' Well grouted to a depth of: 10' feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 180' 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 180' feet to 190' 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

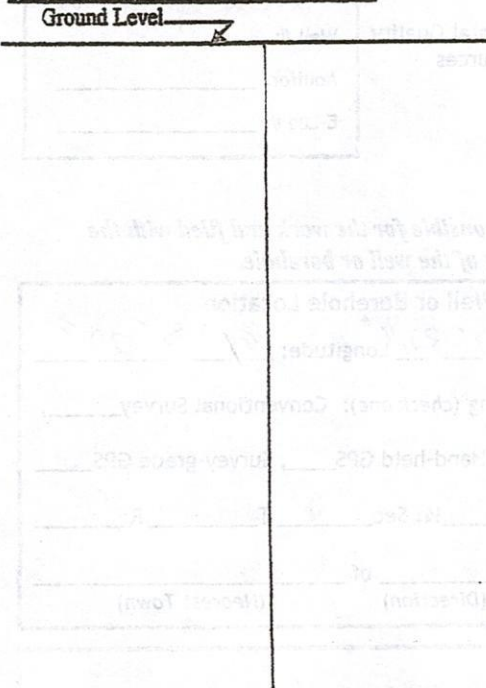
If telescoped or more than one screen, describe on next page

RECEIVED
 FEB 12 2020
 BY OLWR

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
Sand	20	40
Clay	40	160
Sand	160	180
Coarse Sand	180	190

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.

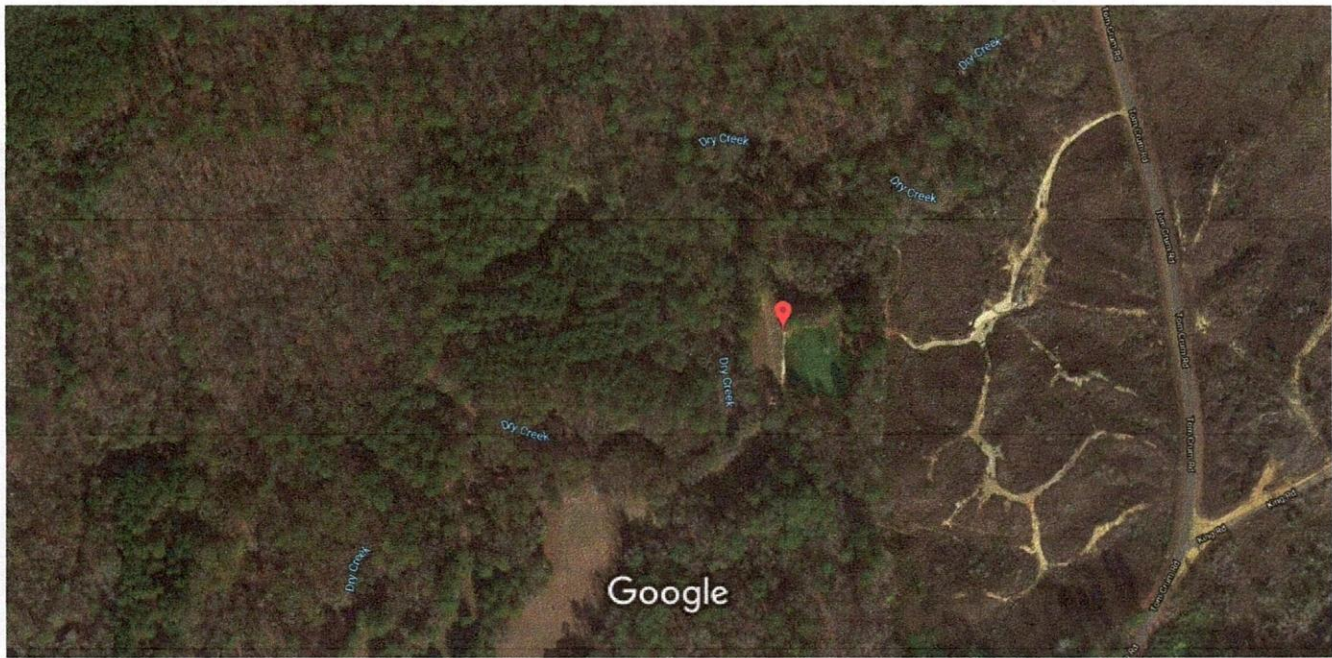
RECEIVED

Landowner Name: Naomi Halford

Form: OI WR-SWR-1A (04/08)

Boad Fitzgerald 029 11-12-19, Paul [Signature]

Google Maps 31°17'32.4"N 91°07'27.0"W



Imagery ©2020 Maxar Technologies, USDA Farm Service Agency, Map data ©2020 100 ft

#2 Naomi Halford

11-12-19.

Tom Cram Rd

190'

30'

80'

3/4 HP.

RECEIVED
FEB 12 2020
BY OLWR

157

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)

For Office Use Only:

Well #: D 64
Aquifer: _____

County: Amite Wilkinson
 Permit #: _____
 Driller: Alfred Well Service
 Date completed: 11-12-19
Copy information from block on Part 1

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>Naomi Halford</u>		Latitude: <u>31° 17' 32.4"</u>	Longitude: <u>90° 7' 27"</u>
Mailing Address: <u>Tom Creek Rd</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Crosby</u> City	<u>MS</u> State	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>26</u> T <u>4N</u> R <u>1E</u>	
Telephone No. (____) _____	Zip Code _____	____ Miles of _____ (Distance) (Direction) (Nearest Town)	

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 11-12-19 Rated Pump Capacity: 12 Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement

Power Type (check one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 3/4 Setting Depth: 80' feet Number of Stages: 12

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 Electric tape Air line 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): New Repaired 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.
Brian Fitzgerald 029 11-12-19 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
FEB 12 2020
BY OLWR