

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 #: 157D 65

Aquifer: _____

E-Log #: _____

County: Amite

Permit #: _____

Driller: Fitzgerald Well Service

Date drilling completed: 11-11-19

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' 22.2"</u>	Longitude: <u>81° 7' 28.2"</u>
Mailing Address: <u>Tom Crum Rd.</u>		Method of Lat/Long (check one): Conventional Survey _____	
		USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Crosby</u>	<u>MS</u>	<u>NE</u> ¼ <u>NE</u> ¼, Sec <u>35</u> T <u>4N</u> R <u>1E</u>	
City	State	Zip Code	
Telephone No. () _____		Miles _____ of _____ (Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 11-11-19 Date drilling completed: 11-11-19 Hole depth: 90' 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: 55' feet ☐ above or ☒ below land surface Date measured: 11-11-19
(check one)

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

Well depth: 90' Well grouted to a depth of: 10' feet Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix

Casing length: 20' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 1010 inches Setting depth: From 80' feet to 90' 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

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

Ground Level.

[illegible]

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:

Naomi Halford

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

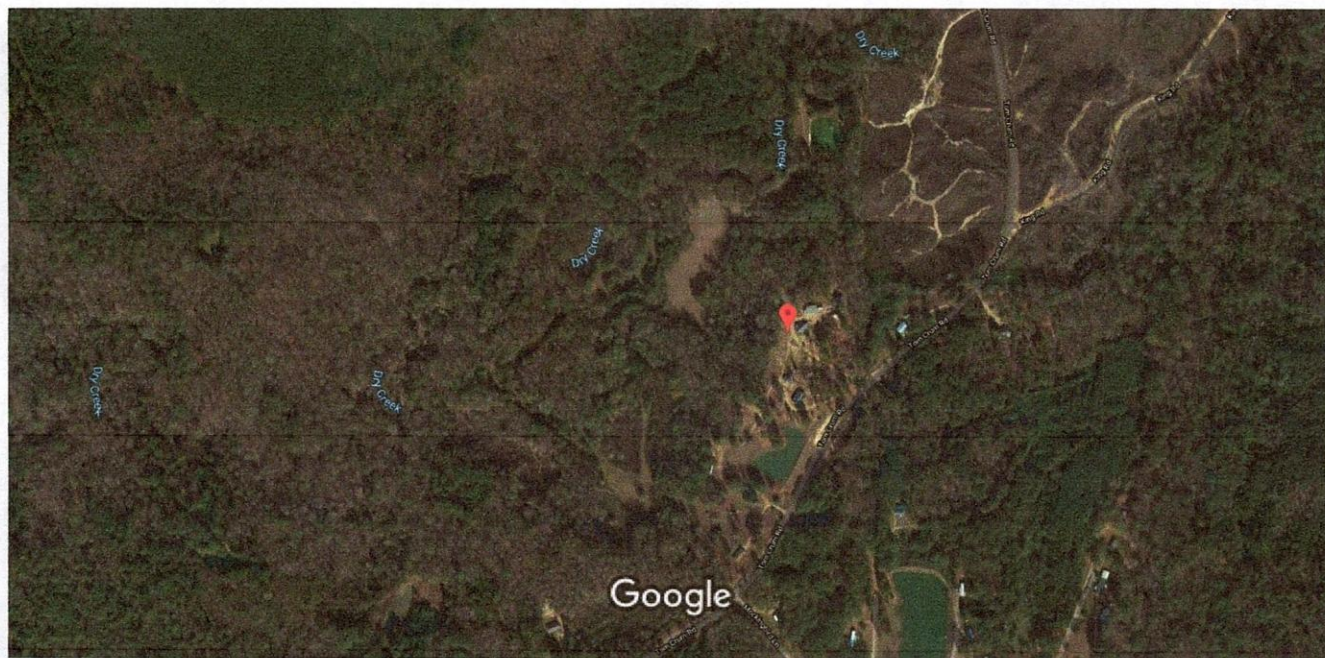
BRAD FITZGERALD

029

11-11-19

Real Styles

Google Maps 31°17'22.2"N 91°07'28.2"W



Imagery ©2020 Maxar Technologies, USDA Farm Service Agency, Map data ©2020 200 ft

#1

Naomi Halford

11-18-19,

Tom Crum Rd,

90'

55'

80'

3/4 HP.

RECEIVED
FEB 12 2020
BY OLWR

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 65

Aquifer: _____

County: Amite Wilkinson

Permit #: _____

Driller: Fitzgerald Well Serv.

Date completed: 11-11-19

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' 22.2"</u>	Longitude: <u>90° 7' 28.2"</u>
Mailing Address: <u>Tom Crum 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>NE</u> ¼ <u>NE</u> ¼, Sec <u>35</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: 11-11-19 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.

Brad Fitzgerald 029 11-11-19 Rudolf
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer