

County: Wilkinson  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 8-12-15

**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  
 (601)961- 5210  
 (601)961- 5228 (fax)

**For Office Use Only:**  
 Aquifer: C 50  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 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.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Bucky Darden</u>	Latitude: <u>31° 5' 51.3"</u> Longitude: <u>90° 6' 45.2"</u>
Mailing Address: <u>Cane Creek Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Cenoverville</u> <u>ms</u>	<u>NE 1/4 NE 1/4 Sec 35 Twn 3N Rng 1E</u>
City State Zip Code	Distance Direction Nearest Town Miles of
Telephone No. ( )	

**Well / Borehole Data**

Date drilling started: 8-8-15 Date drilling completed: 8-8-15 Hole depth: 215 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 (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 one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: Cattle Barn

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 20' feet above or below (circle one) land surface Date measured: 8-12-15

Method of Measurement (circle one)  steel tape  electric tape  air line other: \_\_\_\_\_

Well depth: 215' Well grouted to a depth of 10' feet Type of grout (circle one):  neat cement  Bentonite  Mix

Casing length: 205' feet Casing diameter: 4" inches Type of casing: Pvc

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

Screen slot size: -010 inches Setting depth: From 205' feet to 215' feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  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*

AUG 9 2015



# 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: Wilkinson  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date completed: 8-12-15  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 050  
 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>Bucky Dawden</u>	Latitude: <u>31°5'51.3"</u> Longitude: <u>90°6'45.2"</u>
Mailing Address: <u>Cane Creek Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cantonville 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
Air Lift	Diesel Engine
Circle one	Gasoline Engine
Jet	Natural Gas
<u>Submersible</u>	<u>Electric Motor</u>
Bucket	Hand
Piston	Tractor PTO
Turbine	Windmill
Centrifugal	Other (specify): _____
Rotary	Horse Power Rating of Motor: <u>1 1/2</u>
Flowing Well	Setting Depth: <u>120'</u> feet
Other (specify): _____	Number of Stages: _____
Date Pump Installed: <u>8-12-15</u>	
Rated Pump Capacity: <u>27</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Air Line
Pumping Water Level (B): _____ Feet Below Land Surface	Electric Measuring Line
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	<u>Steel Tape</u>
Test Pumping Rate: _____ Gallons Per Minute	Other (specify): _____
Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured shut in head: _____ feet
	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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.

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

AUG 31 2015