

Copiah

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County: Copiah  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Serv.  
 Date drilling completed: 11-8-11

**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: B-92  
 Well #: T 23  
 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.

|   |   |
|---|---|
| <p><b>Information on Well Owner</b><br/>         (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Michael Warren</u><br/>         Mailing Address: <u>Alfred Rd.</u><br/> <u>Casesville MS</u><br/>         City State Zip Code<br/>         Telephone No. ( ) _____</p> | <p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 42' 4.9"</u> Longitude: <u>90° 32' 1.8"</u><br/>         Method of Lat/Long (circle one): Conventional Survey,<br/>         USGS quad, Hand-held GPS, Survey-grade GPS<br/> <u>SE</u> 1/4 <u>SE</u> 1/4 Sec. <u>432</u> Twn <u>8N</u> Rng <u>6E</u> ✓<br/>         Distance _____ Miles Direction _____ of Nearest Town _____</p> |
|---|---|

**Well / Borehole Data**

Date drilling started: 11-8-11 Date drilling completed: 11-8-11 Hole depth: 80' 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: Chicken House

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

Static Water Level: 17' feet above or below (circle one) land surface Date measured: 11-8-11

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

Well depth: 80' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 60' 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 60' feet to 80' 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*

Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level  $\longrightarrow$

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

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
|                                       | Ground Level |            |
| clay                                  | 0            | 20         |
| Sand                                  | 20           | 70         |
| clay                                  | 40           | 60         |
| (course sand)                         | 60           | 80         |
|                                       |              |            |
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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: Michael Warren

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.

Brian Fitzgerald 0241      11-8-11      [Signature]  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: T  
Elevation: \_\_\_\_\_

County: Copiah  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Service  
Date completed: 11-8-11  
*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>Michael Warren</u> | Latitude: <u>31° 42' 4.9"</u> Longitude: <u>90° 37' 1.8"</u>    |
| Mailing Address: <u>Alfred Rd</u> | Method of Lat/Long (check one): Conventional Survey _____       |
| <u>Coxville MS</u>                | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____    |
| City State Zip Code               | <u>SE</u> ¼ <u>SE</u> ¼ Sec <u>4</u> T <u>8N</u> R <u>6E</u>    |
| Telephone No. (____) _____        | Distance _____ Miles Direction <u>32</u> Nearest Town <u>9N</u> |

| Pump Type  | Power Type  |
|--|---|
| Air Lift<br>Jet<br>Bucket<br>Centrifugal<br>Other (specify): _____<br>Date Pump Installed: <u>11-8-11</u><br>Rated Pump Capacity: <u>33</u> Gallons Per Minute | Circle one<br>Diesel Engine<br>Gasoline Engine<br>Natural Gas<br><u>Electric Motor</u><br>Hand<br>Tractor PTO<br>Windmill<br>Other (specify): _____<br>Horse Power Rating of Motor: <u>3</u><br>Setting Depth: <u>60'</u> feet<br>Number of Stages: <u>33GS30</u> |

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

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

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