

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Leflore  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Service  
Date drilling completed: 7-22-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: G-520  
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<br>(Landowner if borehole is not for a water well)   | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Ledon Hengster</u>  | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>184</u>  | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Brookhaven ms</u>   | 1/4 _____ 1/4 Sec <u>26</u> Twn <u>7N</u> Rng <u>7E</u>   |
| City State Zip Code  | Distance _____ Direction _____ Nearest Town _____<br>Miles <u>5</u> of <u>Brookhaven</u>            |
| Telephone No. (____) _____   |   |
| Well / Borehole Data   |   |
| Date drilling started: <u>7-22-08</u> Date drilling completed: <u>7-22-08</u>  | Hole depth: <u>157'</u> Hole diameter: <u>8"</u>  |
| 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): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ |   |
| Name of organization running log(s): _____   |   |
| Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____<br>Seismic Survey _____ Other (describe) _____   |   |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i>   |   |
| Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____  |   |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____   |   |
| Static Water Level: <u>42'</u> feet above or below (circle one) land surface Date measured: <u>7-22-08</u>   |   |
| Method of Measurement (circle one) <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____  |   |
| Well depth: <u>157'</u> Well grouted to a depth of <u>10'</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix   |   |
| Casing length: <u>147'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>   |   |
| Screen length: <u>10'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>  |   |
| Screen slot size: <u>102</u> inches Setting depth: From <u>147'</u> feet to <u>157'</u> feet   |   |
| Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development<br>Other (describe): _____            |   |
| Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>  |   |

Form: OLWR-SWR-1A

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Leflore  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Svc  
 Date completed: 7-22-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G-520  
 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>Ledon Langston</u> | Latitude: _____ Longitude: _____                             |
| Mailing Address: <u>184</u>       | Method of Lat/Long (check one): Conventional Survey _____    |
| <u>Brookhaven ms.</u>             | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code               | _____ 1/4 _____ 1/4 Sec <u>26</u> T <u>2N</u> R <u>7E</u>    |
| Telephone No. (____) _____        | Distance Direction Nearest Town                              |
|                                   | <u>1</u> Miles <u>S</u> of <u>Brookhaven</u>                 |

| Pump Type<br>Circle one                                   | Power Type<br>Circle one   |
|---|--|
| Air Lift Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas                        |
| Bucket Piston Turbine                                     | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                           | Windmill Other (specify): _____                                  |
| Other (specify): _____                                    | Horse Power Rating of Motor: <u>1 1/2</u>                        |
| Date Pump Installed: <u>7-22-08</u>                       | Setting Depth: <u>80'</u> feet                                   |
| Rated Pump Capacity: <u>25</u> Gallons Per Minute         | Number of Stages: _____  |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                     |
|--|---|
| Date Well Tested: _____                                | Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape      |
| 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   |   |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

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