

# 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)

County: Maion  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald well serve  
Date drilling completed: 8-6-12

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: E62  
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Tommy Priest</u>	Latitude: <u>31° 16' 34.7"</u> Longitude: <u>90° 1' 48.4"</u>
Mailing Address: <u>Hwy 586</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Darhan</u> <u>MS</u>	NW ¼ NE ¼ Sec <u>30</u> Twn <u>4N</u> Rng <u>12E</u>
City State Zip Code	Distance <u>31</u> Direction _____ Nearest Town _____
Telephone No. ( ) _____	Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 8-6-12 Date drilling completed: 8-6-12 Hole depth: 125' 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: \_\_\_\_\_

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

Static Water Level: 60' feet above or below (circle one) land surface Date measured: 8-6-12

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

Well depth: 125' Well grouted to a depth of 10' feet Type of grout (circle one):  neat Cement  Bentonite  Mix

Casing length: 105' feet Casing diameter: 4" inches Type of casing: pvc

Screen length: 20' feet Screen diameter: 4" inches Type of screen: pvc

Screen slot size: 010/012 inches Setting depth: From 105' feet to 125' 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)

RECEIVED  
SEP 5 2012  
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  
(601)961-5210  
(601)961-5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: E62

Elevation: \_\_\_\_\_

County: Marion

Permit #: \_\_\_\_\_

Driller: Fitzgerald Well Serv.

Date completed: 8-6-12

Copy information from check 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>Tommy Pierst</u>	Latitude: <u>31°16'34.7"</u> Longitude: <u>90°1'48.4"</u>
Mailing Address: <u>Highway 586</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Darben MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 30 T 4N R 12E</u>
Telephone No. ( ) _____	Distance _____ Direction <u>31</u> Nearest Town _____
	_____ Miles _____ of _____

Pump Type	Power Type
Air Lift	Diesel Engine
Jet	Gasoline Engine
<u>Submersible</u>	Natural Gas
Bucket	<u>Electric Motor</u>
Piston	Hand
Turbine	Tractor PTO
Centrifugal	Windmill
Rotary	Other (specify): _____
Flowing Well	Horse Power Rating of Motor: <u>5</u>
Other (specify): _____	Setting Depth: <u>100'</u> feet
Date Pump Installed: <u>8-6-12</u>	Number of Stages: _____
Rated Pump Capacity: <u>Variable Speed</u> Gallons Per Minute	

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

Brad Fitzgerald 024  
Print Name of Pump Installer and License No. (if applicable)

Brad Fitzgerald  
Signature of Pump Installer

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

RECEIVED  
SEP 5 2012  
BY: OLWR