

# 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: Pike  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Serv  
Date drilling completed: 5-11-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: A-229  
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>Charles Jagers</u>	Latitude: <u>31° 17' 44.4"</u> Longitude: <u>90° 30' 50.3"</u>
Mailing Address: <u>Mayer Rd.</u>	Method of Lat/Long (circle one): <u>44</u> Conventional Survey, <u>50</u>
<u>Summit</u> <u>MS.</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>Nw 1/4 Sw 1/4</u> Sec <u>21</u> Twn <u>4N</u> Rng <u>7E</u>
City State Zip Code	Distance Direction Nearest Town _____ Miles _____ of _____
Telephone No. (____) _____	

**Well / Borehole Data**

Date drilling started: 5-11-07 Date drilling completed: 5-11-07 Hole depth: 115' Hole diameter: 7"

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: 20' feet above or below (circle one) land surface Date measured: 5-11-07

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

Well depth: 115' 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: 10' feet Screen diameter: 4" inches Type of screen: Pvc

Screen slot size: .012 inches Setting depth: From 105' feet to 115' 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***

Pump set by The Warehouse. "Amos Parker"

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: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Dr.  
 Date completed: 5-11-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-229  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Charles Jagers</u>	Latitude: <u>31 17 44.4</u> Longitude: <u>90 30 50.3</u>
Mailing Address: <u>Mage Rd</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Summit</u> City <u>MS</u> State <u>39146</u> Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (____) _____	____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____
	Distance ____ Direction ____ Nearest Town ____
	____ Miles ____ of ____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine <u>Gasoline Engine</u> Natural Gas
Bucket      Piston      Turbine	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>5-23-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-23-07</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>82</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</u> 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.

Amos Parker 0305      Amos Parker  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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