

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)

For Office Use Only:

Aquifer: A 244
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: DeWitt Pike
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 2-21-10

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)

Owner Name: Greg Wright
Mailing Address: Magee Rd.
Summit MS
City State Zip Code
Telephone No. () _____

Well or Borehole Location

Latitude: 31° 17' 46.3" Longitude: 90° 30' 36.7"
31-17-46 90-30-39
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SW 1/4 Sec 21 Twn 4N Rng 7E
Distance _____ Direction _____ Nearest Town _____
Miles _____ of _____

Well / Borehole Data

Date drilling started: 2-21-10 Date drilling completed: 2-21-10 Hole depth: 106' 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: 64' feet above or below (circle one) land surface Date measured: 2-21-10

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

Well depth: 106' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 96' 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 46' feet to 106' 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*

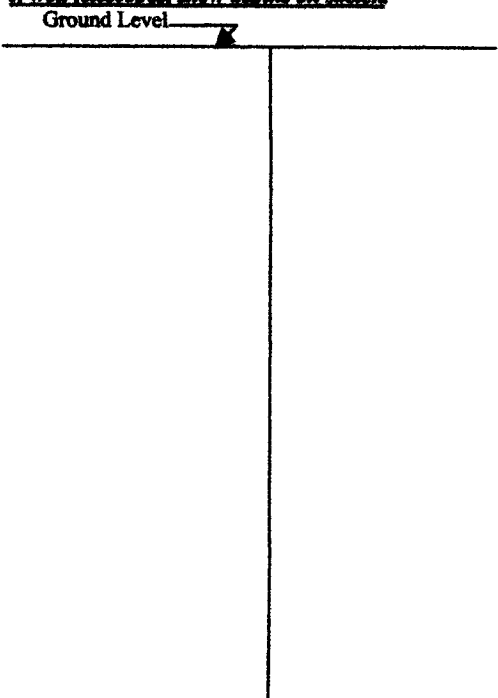
Pump set by The Warehouse.

Form: OLWR-SWR-1A

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The sketch below only required for water wells.

If well telescopes, show depths on sketch.

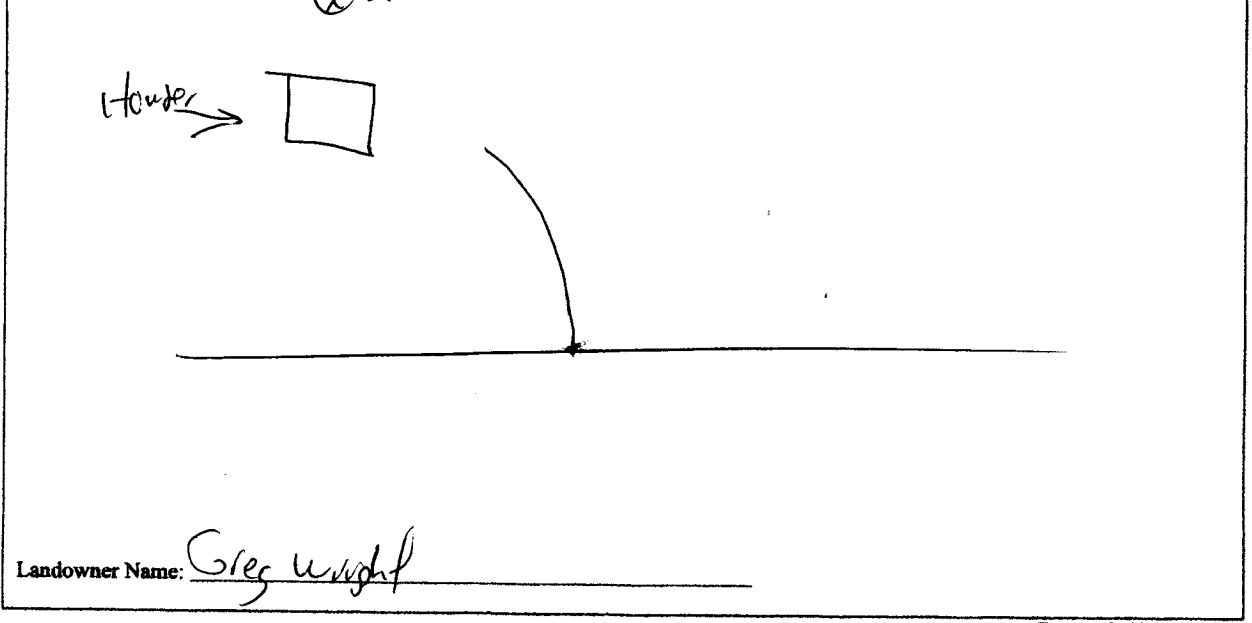


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
sand	20	40
slate	40	80
White sand	80	106

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.



Form: OLWR-SWR-1A

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.

Brad Fitzgerald 029 2-21-10 [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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: A 244

Elevation: _____

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well Serv.
 Date completed: 2-21-10

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>Greg Wright</u>	Latitude: <u>31° 17' 46.3"</u> Longitude: <u>90° 30' 38.1"</u> <small>31-17-46 90-30-39</small>
Mailing Address: <u>Mega Rd</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Summit</u> <u>MS</u> <u>39666</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<small>City State Zip Code</small>	<u>NW 1/4 SW 1/4 Sec 21 Twn 4N Rng 7E</u>
Telephone No. (_____) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: _____	Setting Depth: <u>90</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-1-10</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>64'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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
 Print Name of Pump Installer and License No. (if applicable)

Amos Parker
 Signature of Pump Installer

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