

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: A 249
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Pike
Permit #: _____
Driller: Fitzgerald Well Serv
Date drilling completed: 8-9-10

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: <u>Keneth Potty</u> Mailing Address: <u>Johnson Station</u> <u>Summit</u> <u>MS</u> City State Zip Code Telephone No. () _____	Well or Borehole Location Latitude: <u>31° 20' 55.6"</u> Longitude: <u>90° 27' 10.6"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 1 Twn 4N Rng 7E</u> Distance Direction Nearest Town Miles of _____
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Well / Borehole Data
Date drilling started: 8-9-10 Date drilling completed: 8-9-10 Hole depth: 50' 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: 10' feet above or below (circle one) land surface Date measured: 8-9-10
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 50' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 40' 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 40' feet to 50' 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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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: <u>A 249</u>	
Well #: _____	
Elevation: _____	

County: <u>Pike</u>
Permit #: _____
Driller: <u>Fitzgerald Well Serv</u>
Date completed: <u>8-9-10</u>
<i>Copy information from block on Part 1</i>

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>Keneth Petty</u>	Latitude: <u>31° 20' 55.6"</u> Longitude: <u>90° 27' 10.6"</u>
Mailing Address: <u>Johns Station</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Summit MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8-9-10</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

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

Form: OLWR-SWR-16 (07-09)

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