

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 8-18-15

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 2165
 Well #: _____
 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>Scott Wallace</u>	Latitude: <u>31° 20' 47.9"</u> Longitude: <u>90° 31' 48.5"</u>
Mailing Address: <u>Wells Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Summit</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4</u> Sec <u>5</u> Twn <u>4N</u> Rng <u>7E</u>
Telephone No. () _____	Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 8-18-15 Date drilling completed: 8-18-15 Hole depth: 120' 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: 70' feet above or below (circle one) land surface Date measured: 8-18-15

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

Well depth: 120' Well grouted to a depth of 10' feet Type of grout (circle one) Neaf Cement Bentonite Mix

Casing length: 110' feet Casing diameter: 4" inches Type of casing: Pvc

Screen length: 10' feet Screen diameter: 4" inches Type of screen: Pvc

Screen slot size: .00 inches Setting depth: From 110' feet to 120' 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*

AUG 31 2015

11:30 AM

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)

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date completed: 8-12-15
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: A 265
 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>Scott Wallace</u>	Latitude: <u>30° 20' 47.9"</u> Longitude: <u>90° 31' 48.5"</u>
Mailing Address: <u>Wells Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sumner</u> MS, City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. () _____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type	Power Type
Air Lift <input type="radio"/> Circle one	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Jet <input type="radio"/>	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
<input checked="" type="radio"/> Submersible	Windmill Other (specify): _____
Bucket <input type="radio"/> Piston Turbine	Horse Power Rating of Motor: <u>1/2</u>
Centrifugal <input type="radio"/> Rotary Flowing Well	Setting Depth: <u>100</u> feet
Other (specify): _____	Number of Stages: _____
Date Pump Installed: <u>8-12-15</u>	
Rated Pump Capacity: <u>12</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape
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 _____
Duration of Pump Test (minimum 4 hours): _____ hours	_____ 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 own. [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer