

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: A274  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Service  
Date drilling completed: 2-28-17

*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.*

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>PAR Minerals</u>	Latitude: <u>31° 17' 4.1"</u> Longitude: <u>90° 31' 14.3"</u>
Mailing Address: <u>Robb St. Ext</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: <u>Summit</u> State: <u>MS</u> Zip Code: _____	<u>SW 1/4 NE 1/4, Sec 29 TAN RTE</u>
Telephone No. (____) _____	____ Miles of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>2-28-17</u> Date drilling completed: <u>2-28-17</u> Hole depth: <u>104'</u> Hole diameter: <u>8"</u>
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): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="radio"/> <input checked="" type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>53'</u> feet (above or below) land surface Date measured: <u>2-28-17</u> <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> Other (describe): _____
Well depth: <u>104'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): <input checked="" type="radio"/> Heat Cement <input type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>24'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>Pvc</u>
Screen length: <u>20'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>Pvc</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>84'</u> feet to <u>104'</u> feet
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Open hole <input type="radio"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

*If telescoped or more than one screen, describe on next page*

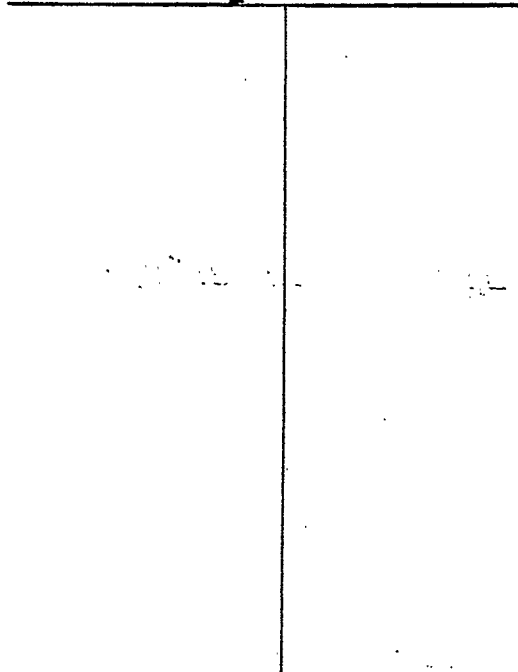
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BY OLWR

A274

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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
Gravel	40	68
Sand	68	70
Coarse Sand	70	104

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.

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Landowner Name: PAR Minerals

Form: OLWR-SWR-1A (04/08)

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.

Brian Fitzgerald 024 2-28-17

Print Name of Responsible Licensee and License No. Date

Brian Fitzgerald

Signature of Licensee

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Edgwald Well Service  
 Date completed: 2-28-17  
*Copy information from block on Part 1*

### 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 #: A27A  
 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>PAR Minerals</u>	Latitude: <u>31° 17' 4.1"</u> Longitude: <u>90° 31' 14.3"</u>
Mailing Address: <u>Robb St. Ext</u>	Method of Lat/Long (check one): Conventional Survey _____
City: <u>Summit</u> State: <u>MS</u> Zip Code: _____	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. ( ) _____	<u>SW</u> ¼ <u>NE</u> ¼ Sec <u>29</u> T <u>N</u> R <u>7E</u>
	Distance _____ Miles Direction _____ of _____ Nearest Town _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>2-28-17</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

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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="checkbox"/> Electric Measuring Line <input type="checkbox"/> <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	

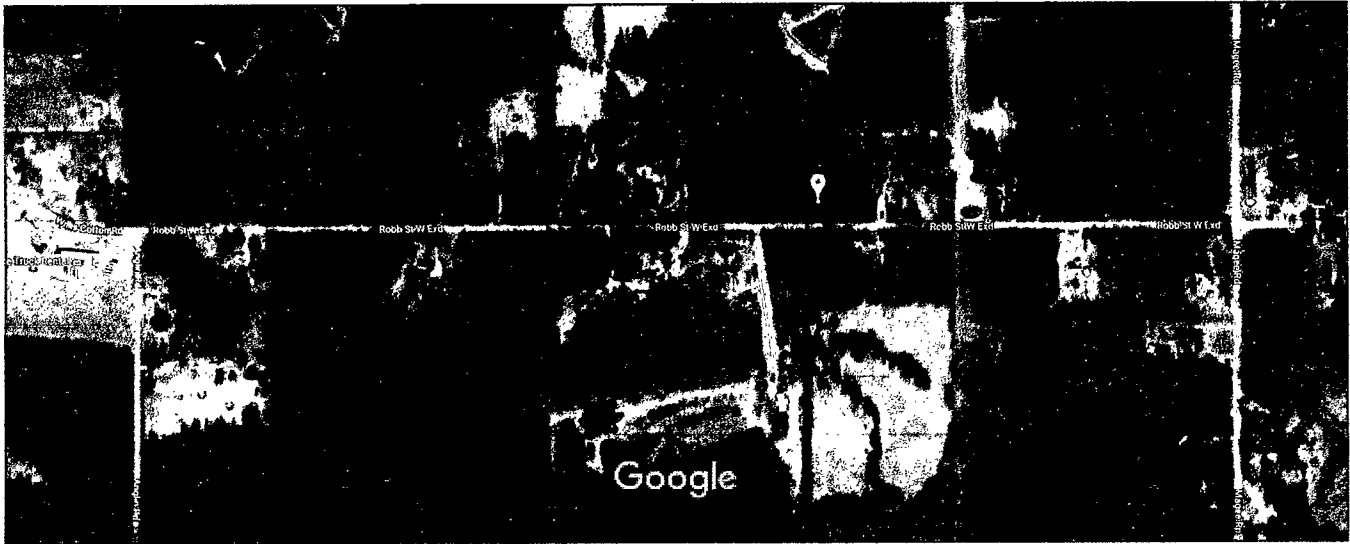
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

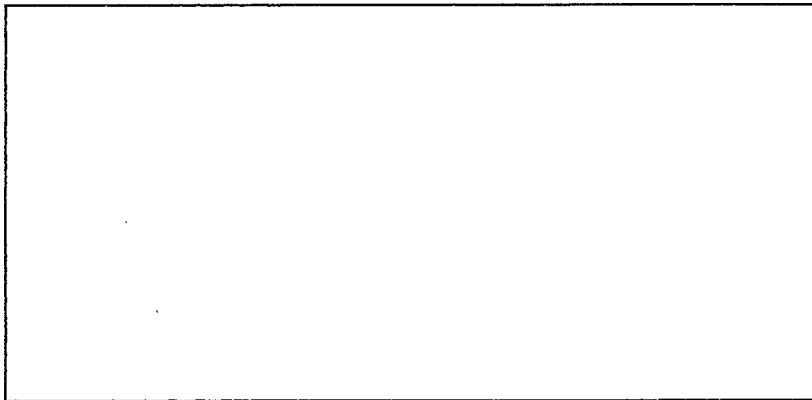
Brad Fitzgerald Print Name of Pump Installer and License No. (if applicable) Brad Fitzgerald Signature of Pump Installer

A274

Google Maps 31°17'04.1"N 90°31'14.3"W



Imagery ©2017 Google, Map data ©2017 Google 200 ft



31°17'04.1"N 90°31'14.3"W

31.284460, -90.520652

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*PAI Minerals* 2-28-17 104' 53' 100' 54'