

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald, Well Serv  
 Date drilling completed: 8-3-06

### 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: \_\_\_\_\_  
 Well #: B-178  
 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>Petty Trucking</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Summit MS</u> <u>River Ridge Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Summit MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>4N</u> Rng <u>8E</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>East</u> of Nearest Town <u>Summit</u>

**Well / Borehole Data**

Date drilling started: 8-3-06 Date drilling completed: 8-3-06 Hole depth: 150 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: 80' feet above or below (circle one) land surface Date measured: 8-3-06

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

Well depth: 150' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 140' 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 140' feet to 150' 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.

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
Gravel	20	60
Sand	60	80
Gravel	80	100
Clay	100	120
Sand	120	140
Coarse Sand	140	150

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.



Landowner Name: Petty Trucking

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.

Brian Fitzgerald      04      8-3-06

Brian Fitzgerald

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 # **B-178**

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

Name: **Petty Trucking**  
 Mailing Address: **Knorr Ridge Rd**  
**Summit MS** State Zip Code \_\_\_\_\_  
 Telephone No: \_\_\_\_\_

### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Method of Lat/Long (circle one):  Conventional Survey  
 USGS quad.  Hand-held GPS.  Survey plat. \_\_\_\_\_  
 \_\_\_\_\_ 1/4 Sec **34** Twp **N** Rng **8E**  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
**4** Miles **E** of **Summit**

### Pump Type

Circle one

Jet  **Submersible**  
 Piston  Turbine  
 Rotary  Flowing Well

### Power Type

Circle one

Diesel Engine  Gasoline Engine  Natural Gas  
 **Electric Motor**  Hand  Other (specify) \_\_\_\_\_  
 Windmill

Horse Power Rating of Motor: \_\_\_\_\_

Setting Depth: \_\_\_\_\_ feet

Number of Stages: \_\_\_\_\_

Date Pump Installed: **8-3-06**  
 Rated Pump Capacity: **20** Gallons Per Minute

### Pump Test Data

Date Well Tested: **8-3-06**  
 Static Water Level (A): **30** Feet Below Land Surface  
 Pumping Water Level (B): **40** Feet Below Land Surface  
 Drawdown (B - A): **10** Feet Below Land Surface  
 Test Pumping Rate: **20** Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

### Method of Measuring Water Level

Circle one

Air Line  Electric Measuring Line  **Steel Tape**  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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

Print Name of Pump Installer and License No. (if applicable): **Amos Parker**

Signature of Pump Installer: *Amos Parker*

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**BY: OLWR**