

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)

County: Pike
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 11-19-08

For Office Use Only:
Aquifer: _____
Well #: B-209
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</u>	Latitude: <u>31° 16' 23.94"</u> Longitude: <u>90° 22' 48.6"</u>
Mailing Address: <u>Carver Lane</u>	Method of Lat/Long (circle one): <u>24</u> Conventional Survey, <u>48</u>
<u>Summit</u> <u>ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 34</u> Twn <u>4N</u> Rng <u>8E</u>
Telephone No. ()	Distance Direction Nearest Town Miles of
Well / Borehole Data	
Date drilling started: <u>11-19-08</u> Date drilling completed: <u>11-19-08</u> Hole depth: <u>92'</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): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>52'</u> feet above or below (circle one) land surface Date measured: <u>11-19-08</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>92'</u> Well grouted to a depth of <u>10'</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>82'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10'</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>82'</u> feet to <u>92'</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Pump set by The Warehouse.

Form: OLWR-SWR-1A

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BY: OLWR

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-209

Elevation: _____

County: Pike

Permit #: _____

Driller: Fitzgerald Well Serv.

Date completed: 11-19-08

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

Owner Name: Petty

Mailing Address: Carter land

Summit MS 39666
 City State Zip Code

Telephone No.: _____

Well Location

Latitude: 31° 16' 27.9" Longitude: 90° 21' 48.6"

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

NE ¼ NE ¼ Sec 34 Twn 4N Rng 8E

Distance Direction Nearest Town

_____ Miles _____ of _____

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 12-15-08

Rated Pump Capacity: 20 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Horse Power Rating of Motor: _____

Setting Depth: _____ feet

Number of Stages: _____

Pump Test Data

Date Well Tested: 12-15-08

Static Water Level (A): 52 Feet Below Land Surface

Pumping Water Level (B): 65 Feet Below Land Surface

Drawdown [(B) - (A)]: 13 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.

Amos Parker 0705
 Print Name of Pump Installer and License No. (if applicable)

Amos Parker
 Signature of Pump Installer

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