

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)

County: Pike
Permit #: _____
Driller: Fitzgerald Well Serv
Date drilling completed: 11-18-10.

For Office Use Only:
Aquifer: B 226
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Carl Fuller</u>	Latitude: <u>31° 17' 45.9"</u> Longitude: <u>90° 21' 23.7"</u>
Mailing Address: <u>Gainer Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Summit</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NE 1/4 SW 1/4</u> Sec <u>24</u> Twn <u>4N</u> Rng <u>8E</u>
Telephone No. (____) _____	Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 11-18-10 Date drilling completed: 11-18-10 Hole depth: 164' 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: ~~84'~~ 84' feet above or below (circle one) land surface Date measured: 11-18-10

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

Well depth: 164' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150' feet Casing diameter: 4" inches Type of casing: PC

Screen length: 14' 4' feet Screen diameter: 4" inches Type of screen: PC

Screen slot size: 010/012 - 10" inches Setting depth: From 150 feet to 164' 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 (04/08)

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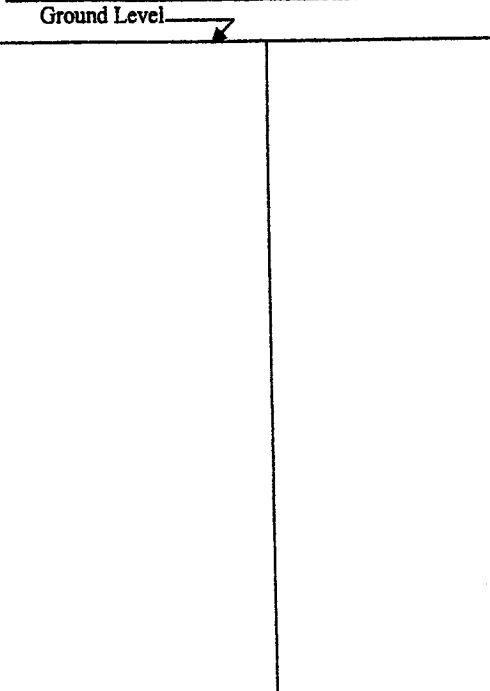
NOV 29 2010

BY: OLWR

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

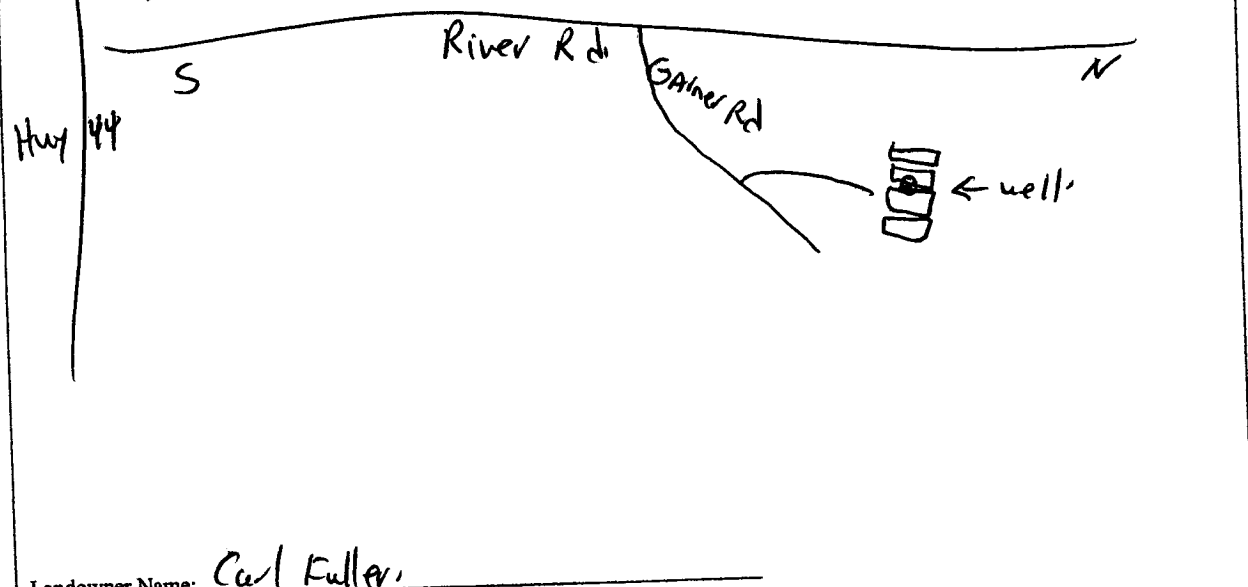
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
gravel	20	50
clay	50	120
Sand	120	140
Sand	140	150
course sand	150	164

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: Carl Fuller

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.

Brad Fitzgerald 029, 11-18-10
Print Name of Responsible Licensee and License No. Date

[Signature]
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: B226
Well #: _____
Elevation: _____

County: Pike
Permit #: _____
Driller: Fitzgerald Well Serv
Date completed: 11-15-10

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	Well Location
Owner Name: <u>Carl Fuller</u>	Latitude: <u>31° 17' 45.9"</u> Longitude: <u>90° 21' 23.7"</u>
Mailing Address: <u>Greenville</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Summit Ms</u> City State Zip Code	USGS quad. Hand-held GPS Survey-grade GPS
Telephone No. () _____	<u>NE 1/4 SW 1/4 Sec 24 Twn 44 Rng 8E</u>
	Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet: <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket: <input type="checkbox"/> Piston: <input type="checkbox"/> Turbine: <input type="checkbox"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary: <input type="checkbox"/> Flowing Well: <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>1-31-11</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-31-11</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>84</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head _____ feet
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>30</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

0305
Print Name of Pump Installer and License No. (if applicable)

Amos Parker
Signature of Pump Installer

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FEB 03 2011

BY: OLWR