

# 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 #: B265  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Service  
Date drilling completed: 5-18-17

*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.*

<p style="text-align: center;"><b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Melisa Smith</u> Mailing Address: <u>Todd Rd</u> <u>Summit ms</u> City State Zip Code Telephone No. ( ) _____</p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 17' 38"</u> Longitude: <u>90° 25' 25.7"</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE ¼ SW ¼, Sec 20 T 4N R 8E</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)</p>
---	---

**Well / Borehole Data**

Date drilling started: 5-18-17 Date drilling completed: 5-18-17 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 (circle 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 (circle all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
Other (describe): \_\_\_\_\_  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 60' feet [above or below] land surface Date measured: 5-18-17  
(circle one)  
Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_  
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: .010 inches Setting depth: From 140' feet to 150' feet  
Type of completion (circle all applicable):  Gravel packed  Underreamed  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*

RECEIVED  
AUG 31 2017  
BY OLWR

B265

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
Silt/clay	20	60
Sand	60	80
Clay	80	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: Melba Smith

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      5-18-17      [Signature]  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# 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 Pump  
 Date completed: 5-18-17  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B265  
 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>Melisa Smith</u>	Latitude: <u>31° 17' 38"</u> Longitude: <u>90° 25' 25.7"</u>
Mailing Address: <u>Todd Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Summit</u> <u>MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 20 T 4N R 8E</u>
Telephone No. ( ) _____	Distance _____ Miles Direction _____ of Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" 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 checked="" 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>1 1/2</u>
Date Pump Installed: <u>5-18-17</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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 024 Brad Fitzgerald  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVE  
 AUG 31 2017  
 BY OLW

101

101  
101

101

101

101  
101

101

101

101

101

101

101

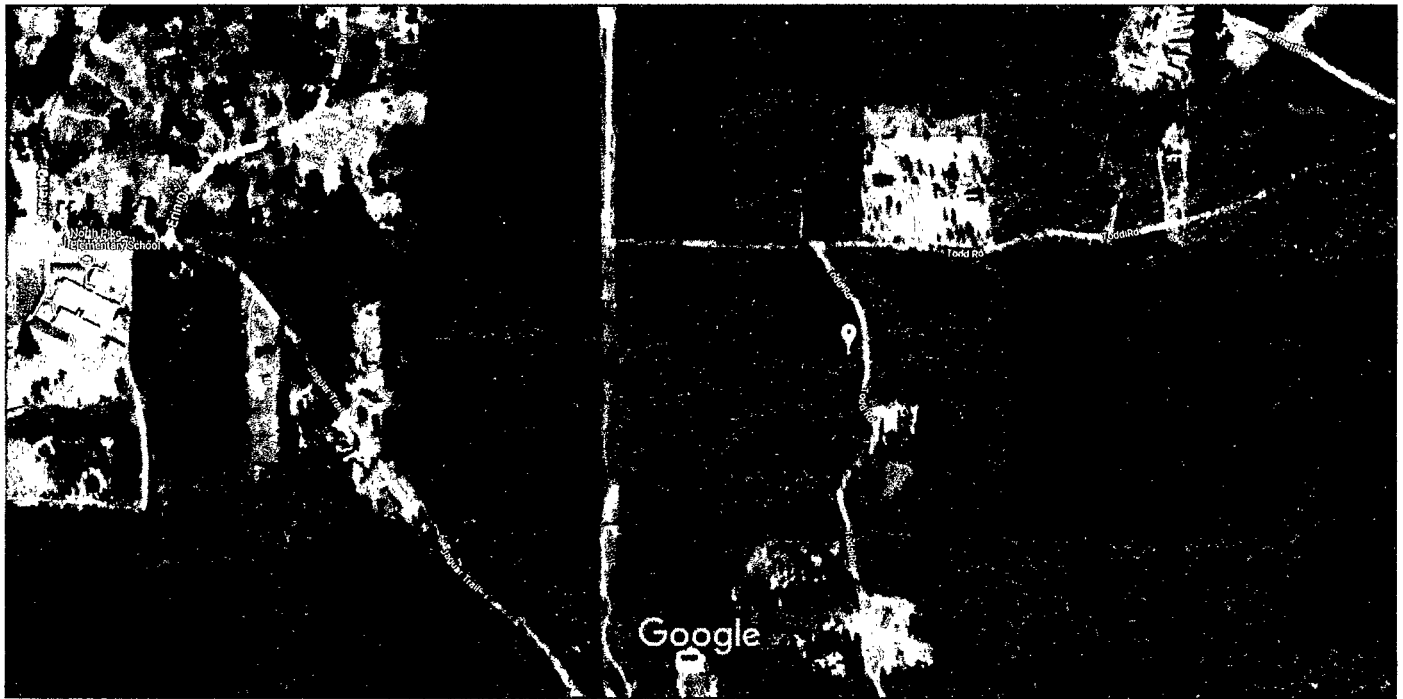
101

101

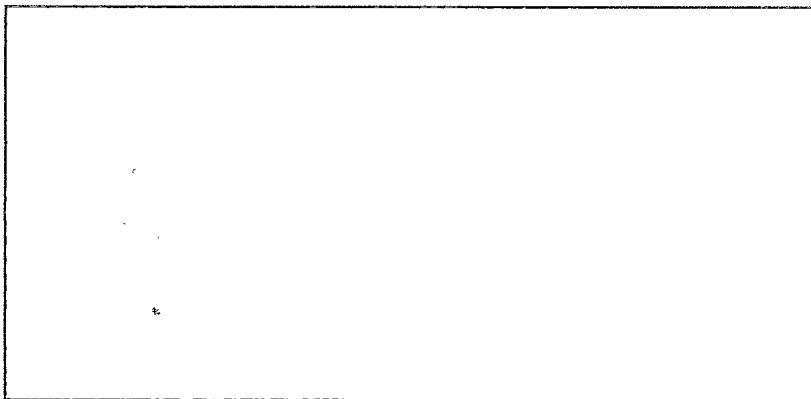
101

B265

Google Maps 31°17'38.0"N 90°25'25.7"W



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



31°17'38.0"N 90°25'25.7"W  
31.293877, -90.423800

RECEIVED  
AUG 21 2017  
BY OUN...

Melisa Smith

150°-60-90

1/2 HR

5-18-17