

**For Office Use Only:**

Well #: B266

Aquifer: \_\_\_\_\_

E-Log #: \_\_\_\_\_

County: Pyke

Permit #: \_\_\_\_\_

Driller: Fitzgerald well service

Date drilling completed: 7-1-16

**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)

*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><b>Well Owner Information</b> (Landowner if borehole is not for a water well)</p>	<p><b>Well or Borehole Location</b></p>
<p>Owner Name: <u>Carl Reeves</u></p>	<p>Latitude: <u>31° 17' 44.7"</u> Longitude: <u>90° 25' 3.1"</u></p>
<p>Mailing Address: <u>Todd Rd.</u></p>	<p>Method of Lat/Long (check one): Conventional Survey _____</p>
<p>_____</p>	<p>USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____</p>
<p><u>Summit</u> <u>MS</u></p>	<p><u>NW</u> 1/4 <u>SE</u> 1/4, Sec. <u>20</u> T <u>4N</u> R <u>8E</u></p>
<p>City _____ State _____ Zip Code _____</p>	<p>_____ Miles _____ of _____</p>
<p>Telephone No. (____) _____</p>	<p>(Distance) (Direction) (Nearest Town)</p>

**Well / Borehole Data**

Date drilling started: 7-1-16 Date drilling completed: 7-1-16 Hole depth: 122' 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: 50' feet [above or below] land surface Date measured: 7-1-16  
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

Well depth: 122' Well grouted to a depth of: 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 112' 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 112' feet to 122' 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*

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Form: OI WR-SWR-1A (4/13)

AUG 01 2016

By OLWR

B266

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
clay	20	40
Sand	40	60
gravel	60	80
clay	80	110
course sand	110	128

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 Reeves

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     7-1-10     Real Steel

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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B266  
 Elevation: \_\_\_\_\_

County: Pike

Permit #: \_\_\_\_\_

Driller: Fitzgerald Well Serv.

Date completed: 7-1-16.

*Copy information from block on Part 1*

*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>Carl Reeves</u>	Latitude: <u>31°17'44.7"</u> Longitude: <u>90°25'36.11"</u>
Mailing Address: <u>Todd Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Summit MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 20 T 4N R 8E</u>
Telephone No. ( ) _____	Distance _____ Miles _____ of _____ Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>7-1-16.</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 Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
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 029. Rod Stigolf  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

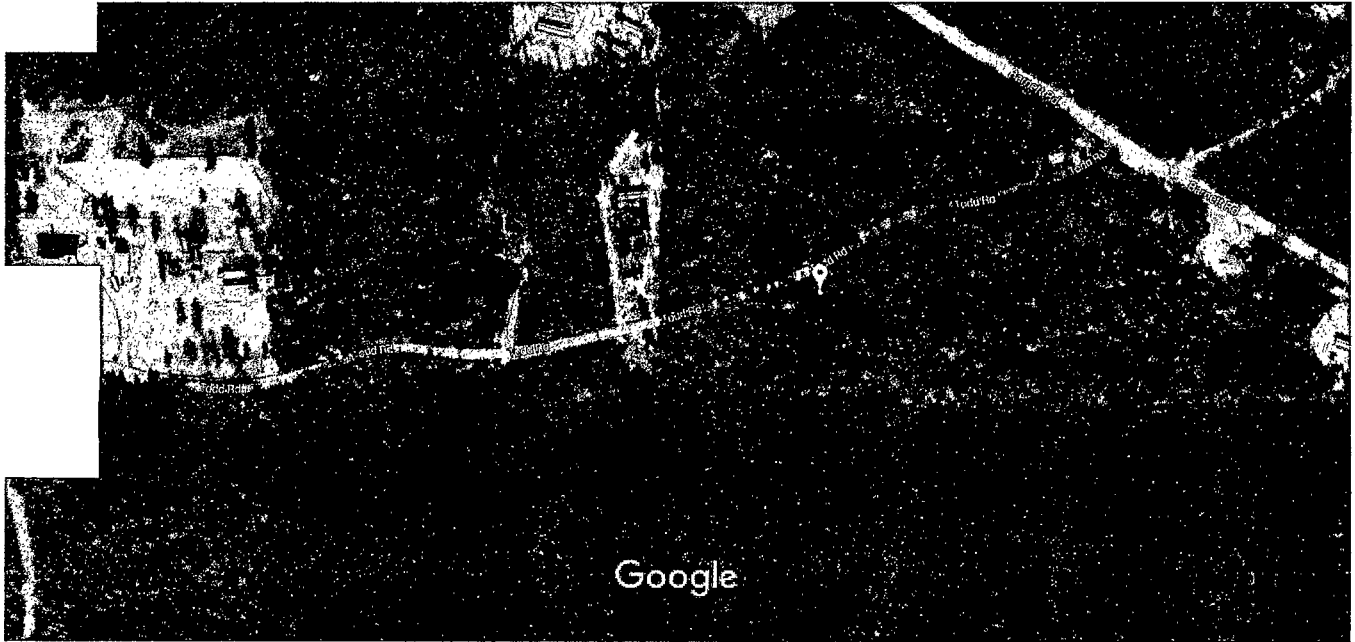
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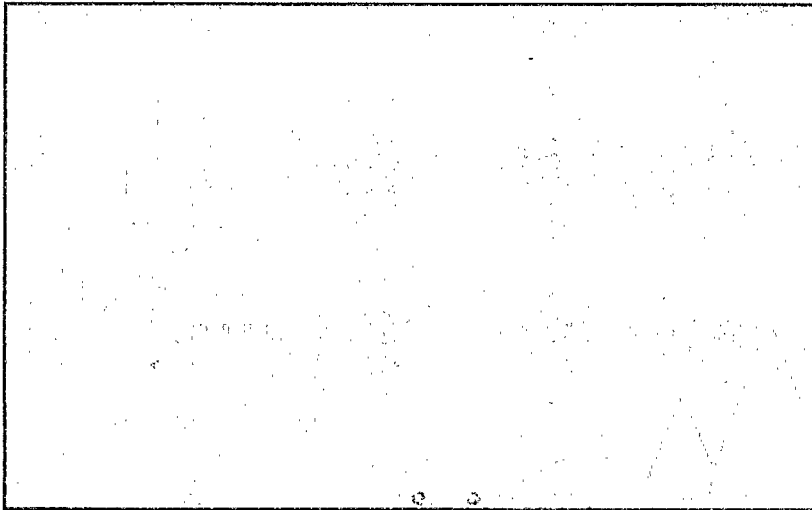
By OLWR

B266

Google Maps 31°17'44.7"N 90°25'03.1"W



Imagery ©2016 Google, Map data ©2016 Google 100 ft



31°17'44.7"N 90°25'03.1"W

31.295757, -90.417533

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By OLWR

Carl Reeves 122 1/2