

# 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 #: D-261  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Serv.  
Date drilling completed: 1-3-08

**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>Southwest Miss. Regional Medical Center</u>	Latitude: <u>31.15.5.9"</u> Longitude: <u>90.28.27"</u>
Mailing Address: _____	Method of Lat/Long (circle one): <u>06</u> Conventional Survey,
<u>Momb</u> <u>ms.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4</u> Sec <u>2</u> Twn <u>3N</u> Rng <u>7E</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 1-3-08 Date drilling completed: 1-3-08 Hole depth: 220 Hole diameter: 7"

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: 70' feet above or below (circle one) land surface Date measured: 1-3-08

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

Well depth: 220 Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 200' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 0 1/16 inches Setting depth: From 200 feet to 220' feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

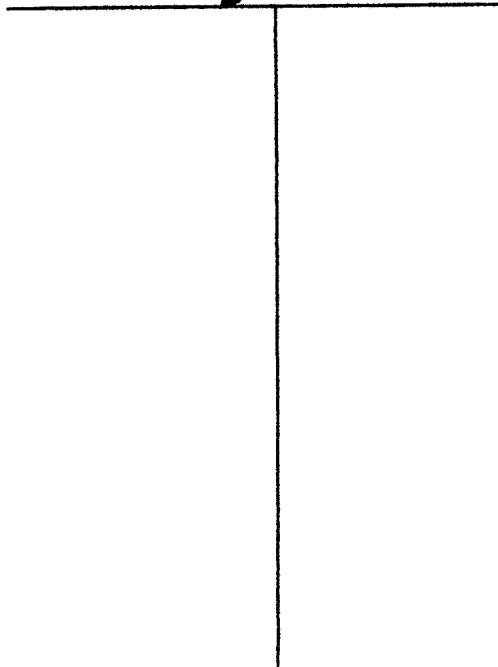
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. ***If telescoped or more than one screen, describe on next page***

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level  $\rightarrow$  

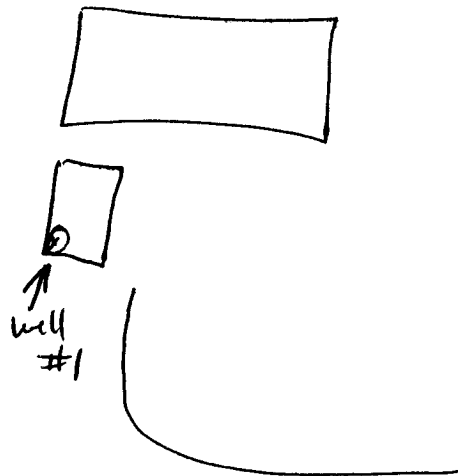


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20
Sandy gravel	20	60
Clay	60	80
Sandy	80	100
Clay	100	120
Sand	120	180
Course Sand	180	200
	200	220

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: Southwest Mississippi Regional medical center

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.

Brad Fitzgerald      029      1-3-08      Brad Fitzgerald

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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date completed: 1-3-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-261  
 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>SMRMC</u> Mailing Address: _____ _____ <u>McComb MS.</u> City State Zip Code Telephone No. ( ) _____	Latitude: <u>31° 15' 5.9"</u> Longitude: <u>90° 28' 27"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u> Bucket      Piston      Turbine Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>1-3-08</u> Rated Pump Capacity: <u>80</u> Gallons Per Minute	Diesel Engine      Gasoline Engine      Natural Gas <u>Electric Motor</u> Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>140'</u> feet Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line      Electric Measuring Line <u>Steel Tape</u> 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.

Brad Fitzgerald      029  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer