

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well Seve.
 Date drilling completed: 9-27-10

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: D 274
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Mark Hollingsworth</u>	Latitude: <u>31° 15' 10.7"</u> Longitude: <u>90° 29' 44.9"</u>
Mailing Address: <u>Deleware ext</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>M Yumb MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 3 Twn 3N Rng 7E</u>
Telephone No. ()	Distance Direction Nearest Town
	Miles of

Well / Borehole Data

Date drilling started: 9-27-10 Date drilling completed: 9-27-10 Hole depth: 227' 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, ship 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: 52' feet above or below (circle one) land surface Date measured: 9-27-10

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

Well depth: 227' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 207' 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 1/2 / 0 1/4 inches Setting depth: From 207' feet to 227' 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 2004
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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: D276

Well #: _____

Elevation: _____

County: Dickinson
 Permit #: _____
 Driller: Fitzgerald
 Date completed: 9-27-10

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>Mark Heller Smith</u>	Latitude: <u>31° 15' 10.7"</u> Longitude: <u>91° 24' 44.2"</u>
Mailing Address: <u>McComb, MS</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 SW 1/4 Sec 3 Twn 3N Rng 7E</u>
Telephone No: (____) _____	Distance _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jer <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____
Date Pump Installed: _____	Horse Power Rating of Motor: <u>3</u>
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Setting Depth: <u>85</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-14-10</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>52</u> Feet Below Land Surface	For flowing well, measured shut in head _____ feet
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	
Test Pumping Rate: <u>40</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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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