

# 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 #: D 284  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Serv  
Date drilling completed: 7-25-13

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Karl Broussard</u>	Latitude: <u>31° 11' 4.4"</u> Longitude: <u>90° 29' 51.7"</u>
Mailing Address: <u>MT Vernon Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Magnolia</u> <u>MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NE 1/4, Sec 33 T 3N R 7E</u>
Telephone No. (____) _____	____ Miles ____ of ____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>7-25-13</u> Date drilling completed: <u>7-25-13</u> Hole depth: <u>130'</u> Hole diameter: <u>8"</u>
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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <u>Home</u> Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>83'</u> feet [above or below] land surface Date measured: <u>7-25-13</u> <small>(circle one)</small>
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____
Well depth: <u>130'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix
Casing length: <u>120'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>Pvc</u>
Screen length: <u>10'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>Pvc</u>
Screen slot size: <u>.012</u> inches Setting depth: From <u>120'</u> feet to <u>130'</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

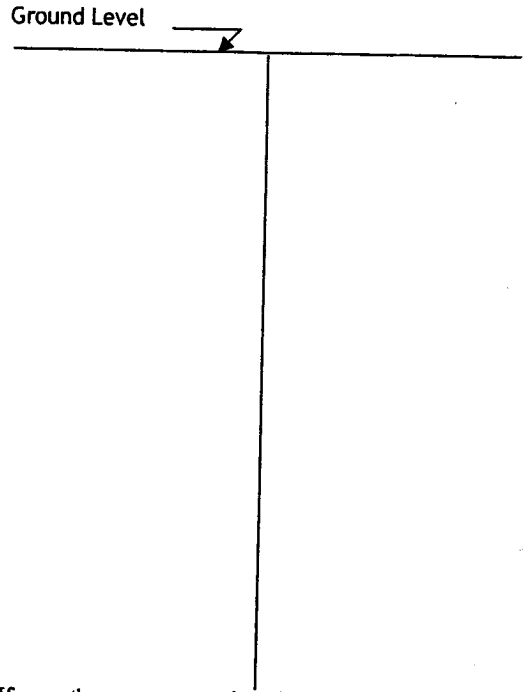
RECEIVED  
SEP 03 2013  
BY: OLWR

County: Pike  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: D284

The sketch below only required for water wells  
If well telescopes, show depths on sketch.

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
Sand	30	60
clay	60	80
Sand	80	100
clay	100	110
Sand	110	120
over sand	120	130

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) north arrow



RECEIVED  
 SEP 08 2013  
 BY: OLWR

Landowner Name: Karl Bloussard

I HEREBY 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.

Beel Fitzgerald      029      7-25-13      Ral Stoll  
 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 #: D284  
 Elevation: \_\_\_\_\_

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Care  
 Date completed: 7-25-13  
*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>Karl Broussard</u>	Latitude: <u>31° 11' 4.4"</u> Longitude: <u>90° 29' 51.7"</u>
Mailing Address: <u>M.T. Vernon Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Magnolia</u> MS	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>33</u> T. <u>3N</u> R. <u>7E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>7-25-13</u>	Setting Depth: <u>120'</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="radio"/> Electric Measuring Line <input 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	

RECEIVED  
 SEP 03 2013  
 BY: OLWR

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. \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer  
 Form: OLWR-SWR-1C (07-09)