

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 #: D285
Aquifer: _____
E-Log #: _____

County: Pike
Permit #: _____
Driller: Fitzgerald Well Serv
Date drilling completed: 9-5-13

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>Bobby Webster</u>	Latitude: <u>31° 10' 51.2"</u> Longitude: <u>90° 30' 07"</u>
Mailing Address: _____ <u>mt Vernon</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ⁵ⁱ
<u>Magnolia</u> _____ <u>MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW</u> ¼ <u>SE</u> ¼, Sec <u>33</u> T <u>3N</u> R <u>7E</u>
Telephone No. (____) _____	_____ Miles of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>9-5-13</u> Date drilling completed: <u>9-5-13</u> Hole depth: <u>136'</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>89'</u> feet [above or below] land surface Date measured: <u>9-5-13</u> (circle one)	
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____	
Well depth: <u>136'</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>126'</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>126'</u> feet to <u>136'</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>	

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 #: D285
 Elevation: _____

County: Akte
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date completed: 9-5-13
Conv 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>Bobby Webster</u>	Latitude: <u>31° 10' 51.2"</u> Longitude: <u>90° 30' 6.7"</u>
Mailing Address: <u>mt Vernon</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Magnolia ms</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. (____) _____	_____ 1/4 _____ 1/4 Sec <input checked="" type="radio"/> T <u>3N</u> R <input checked="" type="radio"/> <u>7E</u>
	Distance _____ Direction <u>33</u> Nearest Town _____
	_____ Miles _____ of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift: Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket: Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal: Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>9-3-13</u>	Setting Depth: <u>120'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

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

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

Red Stubb
 Signature of Pump Installer

Form: OLWR-SWR-4C (7/10) **RECEIVED**

BY: OLWR