

State Well Report

Part 1

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 #: E-222
 L. S. Elevation: _____
 E-log #: _____

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 10-16-04

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Damon Green</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Vernon Norman Currier Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>M(omb)</u> <u>MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>3N</u> Rng <u>8E</u>
Telephone No. () _____	Distance <u>3</u> Miles Direction <u>SE</u> of Nearest Town <u>M(omb)</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 10-15-04 Date well drilling completed: 10-15-04

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 85' feet above or below (circle one) land surface Date measured: 10-15-04

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

Hole depth: 128 Well depth: 128' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 118' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 118' feet to 128' 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

RECEIVED

OCT 21 2004

BY: OLWR

Name of organization running log(s):

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Brad Fitzgerald 029.
 Print Name of Water Well Contractor and License No.

Rued Styzel
 Signature of Water Well Contractor

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: 10-15-04

For Office Use Only:

Aquifer: _____
 Well #: E-222
 Elevation: _____

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>Damon Green</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Vannorman Curve</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>M'Comb</u> <u>MS</u>	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>3N</u> Rng <u>4E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>3</u> Miles <u>SE</u> of <u>M'Comb</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>10-15-04</u>	Setting Depth: <u>115'</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 Circle one
Date Well Tested: _____	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape
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	RECEIVED
Duration of Pump Test (minimum 4 hours): _____ hours	

OCT 21 2004

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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