

# 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-228 113  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Pcke. 113  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald  
 Date drilling completed: 12-31-04

**FITZGERALD WELL SERVICE, INC.**

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>Bobby Ray Williams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Summit Holmsville Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>m'Comb.</u> <u>MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>12</u> Twn <u>03N</u> Rng <u>8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>5</u> Miles <u>East</u> of <u>m'Comb.</u>

### Well Data

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

Date well drilling started: 12-31-04 Date well drilling completed: 12-31-04

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

Static Water Level: 92' feet above or below (circle one) land surface Date measured: 12-31-04

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

Hole depth: 150' Well depth: 150' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140' 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 140' feet to 150' 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: \_\_\_\_\_

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.

Brad Fitzgerald  
 Signature of Water Well Contractor

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**JAN 07 2005**  
**BY: OLWR**

No pump set

E-228

If well telescopes please sketch below and show depths.

Ground Level

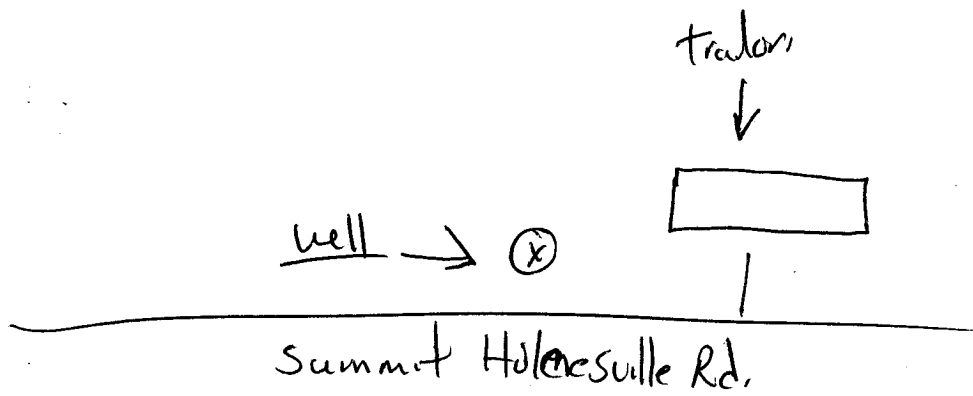
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	30
Sand / Gravel	30	100
Clay	100	120
Sand	120	140
Coarse Sand	140	150

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) indicate direction.



Landowner Name: Bob Ray Williams

Brad Steinfeld  
Signature of Water Well Contractor

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BY: OLWR

No pump set

# 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: _____	Well #: <u>E-228</u>
Elevation: _____	

County: <u>Pike</u>
Permit #: _____
Driller: <u>Fitzgerald Well Service</u>
Date completed: <u>1-20-05</u>

**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>Bobby Ray Williams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Summit Holmesville Rd</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>12</u> Twn <u>3N</u> Rng <u>8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>5</u> Miles <u>EAST</u> of <u>m Comb</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket 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 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>1-20-05</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 Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u> <input type="radio"/>
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	

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

Brad Fitzgerald 024 Brad Fitzgerald  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 FEB 07 2005  
 BY: OLWR