

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
(601)961- 5210
(601)961- 5228 (fax)

County: Pike
Permit #: _____
Driller: Fitzgerald Well Serv
Date drilling completed: 4-14-10

For Office Use Only:
Aquifer: E 284
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Susan McRoy Fleming</u>	Latitude: <u>31° 12' 10.2"</u> Longitude: <u>90° 24' 8.2"</u>
Mailing Address: <u>old Hwy 24</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>m comb ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>28</u> Twn <u>3N</u> Rng <u>8E</u>
Telephone No. () _____	Distance Direction Nearest Town Miles of

Well / Borehole Data

Date drilling started: 4-14-10 Date drilling completed: 4-14-10 Hole depth: 125' 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, skip 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: 89' feet above or below (circle one) land surface Date measured: 4-14-10

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

Well depth: 125' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 115' feet Casing diameter: 4" inches Type of casing: Ac

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

Screen slot size: .012 inches Setting depth: From 115' feet to 125' 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**

Form: OLWR-SWR-1A (04/08)

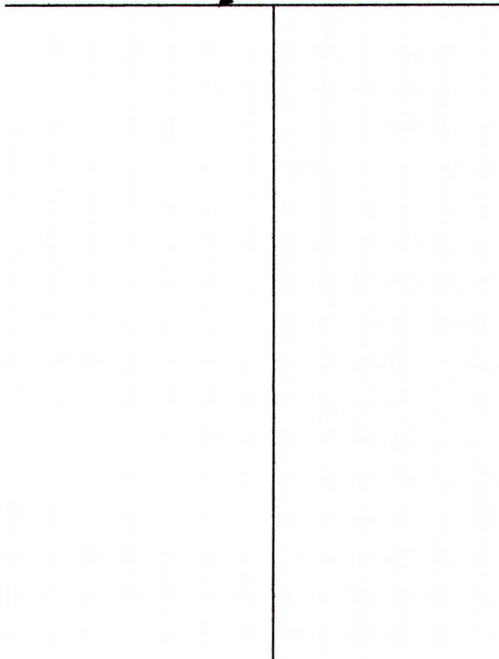
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E 284

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

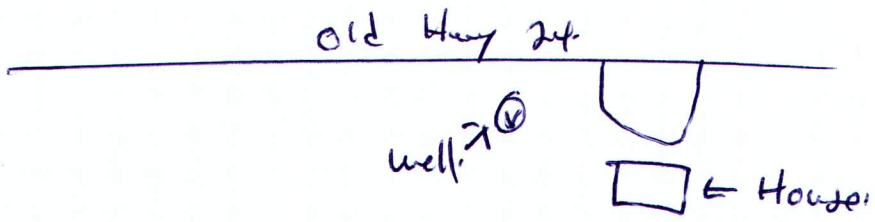


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
clay	0	20
clay	20	40
sand	40	60
silty sand	60	80
sand	80	100
sand	100	110
loose sand	110	125

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) a north arrow.



Landowner Name: Susan McKay Fleming

Form: OLWR-SWR-1A (04/08)

I 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.

Brad Fitzgerald DA 4-19-10 Brad Styd
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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)

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well Sevier
 Date completed: 4-14-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: E284
 Well #: _____
 Elevation: _____

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>Susan McKay Fleming</u>	Latitude: <u>31° 12' 10.2"</u> Longitude: <u>90° 24' 8.2"</u>
Mailing Address: <u>Old Hwy 24</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>McComb ms</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> 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>4-14-10</u>	Setting Depth: <u>110'</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 Electric Measuring Line <u>Steel Tape</u>
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 _____
Duration of Pump Test (minimum 4 hours): _____ hours	_____ feet after _____ hours of pumping

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

Form: OLWR-SWR-1C (07-09)

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