

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)

For Office Use Only:

Aquifer: E 296
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Pike
Permit #: _____
Driller: Fitzgerald Well Serv
Date drilling completed: 7-21-11

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>Freddie Addison</u>	Latitude: <u>31° 10' 53.8"</u> Longitude: <u>90° 23' 16"</u>
Mailing Address: <u>Pleasant Grove Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>McComb</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>34</u> ✓ Twn <u>3N</u> ✓ Rng <u>8E</u> ✓
Telephone No. () _____	Distance Direction Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 7-21-11 Date drilling completed: 7-21-11 Hole depth: 154' 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: 112' feet above or below (circle one) land surface Date measured: 7-21-11

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

Well depth: 154' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 144' feet Casing diameter: 4" inches Type of casing: PCC

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

Screen slot size: .012 inches Setting depth: From 144' feet to 154' 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)

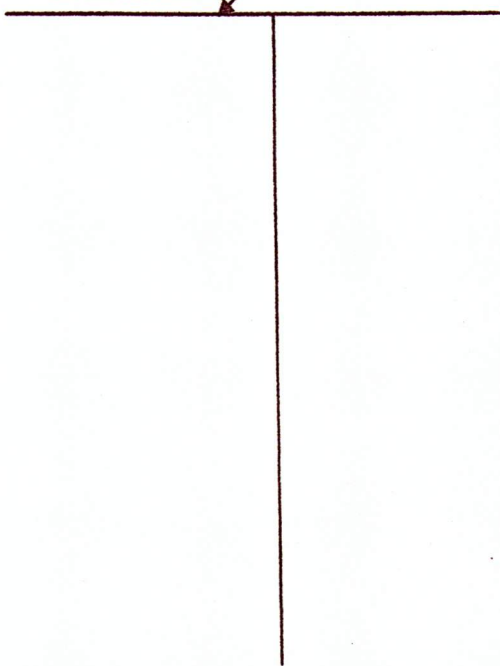
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E296

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)	To (depth)
	Ground Level	
Clay	0	20
Sand	20	60
gravel	60	80
clay	80	110
gravel	110	130
sand	130	140
Coarse Sand	140	154

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: Freddie Addison

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 029 7-21-11
Print Name of Responsible Licensee and License No. Date

Brad Fitzgerald
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)

For Office Use Only:

Aquifer: _____

Well #: E296

Elevation: _____

County: Pike

Permit #: _____

Driller: Fitzgerald Well Serv

Date completed: 7-21-11

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

Owner Name: Frednie Addison

Mailing Address: Presant Grove Rd

McComb MS
City State Zip Code

Telephone No. () _____

Well Location

Latitude: 31° 10' 53.8" Longitude: 90° 23' 1.6"

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____

NW ¼ SE ¼ Sec 34 T 3N R 8E

Distance _____ Direction _____ Nearest Town _____
Miles _____ of _____

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____

Date Pump Installed: 7-21-11

Rated Pump Capacity: 12 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 3/4
Setting Depth: 140' feet
Number of Stages: 12

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____ Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface
Test Pumping Rate: _____ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded _____ GPM with a drawdown of _____ 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 029
Print Name of Pump Installer and License No. (if applicable)

Red [Signature]
Signature of Pump Installer

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

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