

# 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 #: E 318  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Leaver  
Date drilling completed: 5-12-15

*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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|---|---|
| Owner Name: <u>Bill Van Wagner</u>  | Latitude: <u>31° 73' 18.6"</u> Longitude: <u>90° 22' 4.3"</u>                           |
| Mailing Address: <u>Shawwood Dr.</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 _____                                     | <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ , Sec <u>14</u> T <u>3N</u> R <u>8E</u> |
| Telephone No. (____) _____  | _____ Miles _____ of _____<br>(Distance) (Direction) (Nearest Town)                     |

### Well / Borehole Data

Date drilling started: 5-12-15 Date drilling completed: 5-12-15 Hole depth: 195' 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 (circle 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 (circle all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 85' feet [above or below] land surface (circle one) Date measured: 5-12-15

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 195' Well grouted to a depth of: 10' feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 185' feet Casing diameter: 4" inches Type of casing: Pvc

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

Screen slot size: .010 inches Setting depth: From 185' feet to 195' feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  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*



# 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 Care  
 Date completed: 5-12-15  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E 318  
 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>Bill Van Wagner</u>  | Latitude: <u>31°13'18.6"</u> Longitude: <u>90°22'4.3"</u>    |
| Mailing Address: <u>Sherwood Dr</u> | Method of Lat/Long (check one): Conventional Survey _____    |
| <u>M'Comb MS</u>                    | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code                 | _____ 1/4 _____ 1/4 Sec _____ T _____ R _____                |
| Telephone No. ( ) _____             | Distance _____ Direction _____ Nearest Town _____            |
|                                     | _____ Miles _____ of _____                                   |

| Pump Type   | Power Type  |
|---|---|
| Circle one  | Circle one  |
| Air Lift <input type="radio"/> Jet <input type="radio"/> <u>Submersible</u>                       | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> |
| Bucket <input type="radio"/> 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 <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill <input type="radio"/> Other (specify): _____   |
| Other (specify): _____  | Horse Power Rating of Motor: <u>3/4</u>   |
| Date Pump Installed: <u>5-12-15</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"/> <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 _____ 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.

Blad Fitzgerald 029 Paul Studd  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

JUL 06 2015