County: Pike
Permit #:
Driller: Fitzgerald Well Serve
Date drilling completed: 2-19-16

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 322
Aquifer:
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.

Well Owner Information
(Landowner if borehole is not for a water well)

Owner Name: Chris Stevens
Mailing Address: Mcomb Holmesville Rd
Mcomb MS
City State Zip Code
Telephone No. (____)

Well or Borehole Location

Latitude: 31° 13' 27.1" Longitude: 90° 21' 20.5"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____
NE ¼ SW ¼, Sec 13 T 3N R 8E
____Miles ____of ____
(*Distance*) (*Direction*) (*Nearest Town*)

Well / Borehole Data

Date drilling started: 2-14-16 Date drilling completed: ~~2-16-16~~ 2-19-16 Hole depth: 142' 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: 100' feet [above or below] land surface (*circle one*) Date measured: 2-19-16.
Method of measurement (*circle one*): ~~Steel tape~~ Electric tape Air line Other (*describe*):
Well depth: 142' Well grouted to a depth of: 10' feet Type of grout (*circle one*): ~~Neat Cement~~ Bentonite Mix
Casing length: 132' 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 132' feet to 142' 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

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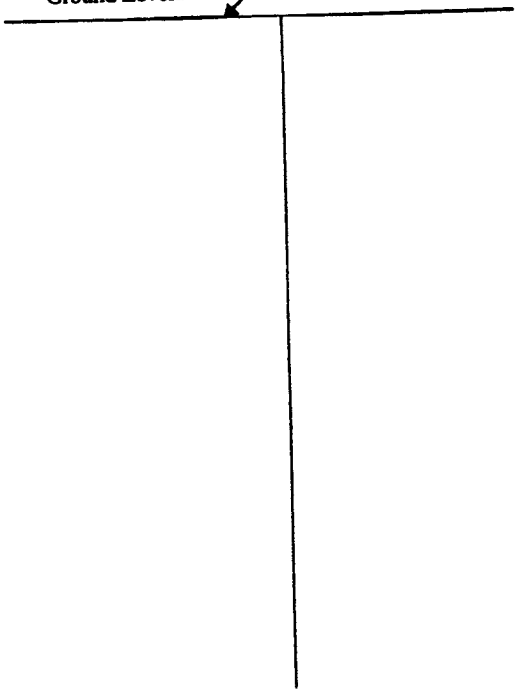
The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



If more than one screen, show location of each on sketch

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, gravel.	40	60
Sand.	60	90
Clay.	90	110
Sand.	110	120
Coarse Sand	120	130
	130	142

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: Chris Stevens

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.	2-19-16.	
Print Name of Responsible Licensee and License No.	**Date**	**Signature of Licensee**

County: Pike

Permit #:

Driller: Fitzgerald Well Service

Date completed: 2-19-16

Copy information from block on Part 1

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 #: E322

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

Owner Name: Chris Stevens

Mailing Address: McComb Holmesville Rd

McComb MS
City State Zip Code

Telephone No. (____)

Well Location

Latitude: 31°13'27.1" Longitude: 90°21'20.5"

Method of Lat/Long (check one): Conventional Survey___, USGS quad___, Hand-held GPS___, Survey-grade GPS___

____ ¼ ____ ¼ Sec____ T____ R____

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: 2-19-16

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: 130' 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)

Signature of Pump Installer

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

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