

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: E333
Aquifer: _____
E-Log #: _____

County: Pike
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 2/1/18

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Leslie Davis</u>	Latitude: <u>31° 12' 54.4</u> Longitude: <u>90° 26' 38.5</u>
Mailing Address: <u>Berthdale Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>McComb</u> <u>MS</u> City State Zip Code	<u>NW 1/4 NW 1/4, Sec 19 T 3N R 8E</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data
Date drilling started: <u>2/1/18</u> Date drilling completed: <u>2/1/18</u> Hole depth: <u>106</u> Hole diameter: <u>8"</u>
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 (check all applicable): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>60</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>2/1/18</u> <small>(check one)</small>
Method of measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>106</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>96</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches Setting depth: From _____ feet to _____ feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

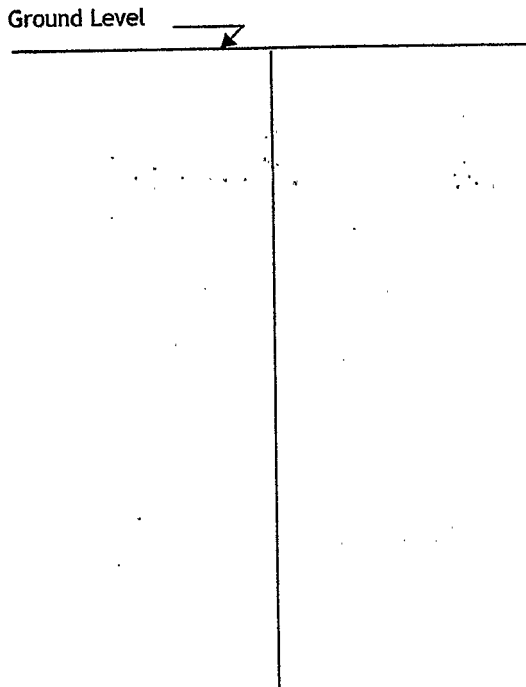
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County: Pike
 Permit #: _____

For Office Use Only:
 Well #: E333

The sketch below only required for water wells

If well telescopes, show depths 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)		To (depth)
	Ground level		
clay	0		20
gravel	20		40
sand	40		60
sand	60		80
clay	80		90
course / sand	90		106

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) north arrow

Landowner Name: Leslie Davis

I HEREBY 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 2/1/18 Brad Fitzgerald
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: E333
Aquifer: _____

County: Pike
Permit #: _____
Driller: Fitzgerald Well Service
Date completed: 2/1/18
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		Well Location	
Owner Name: <u>Leslie Davis</u>	Latitude: <u>31°12'54.4</u>	Longitude: <u>90°26'38.5</u>	
Mailing Address: <u>Berthdale Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>McComb</u> <u>MS</u>	NW ¼ NW ¼, Sec 19 T3N R8E		
City State Zip Code	Miles of (Distance) (Direction) (Nearest Town)		
Telephone No. () _____			

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 2/1/18 Rated Pump Capacity: 12 Gallons Per Minute
Is This Pump (check one): New Repaired Replacement

Power Type (check one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 1/2 Setting Depth: 90 feet Number of Stages: 8

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
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
Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (check one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Beal Stypkel 029 2/1/18 Beal Stypkel
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Google Maps 31°12'54.4"N 90°26'38.5"W



Leslie Davis

2/1/18

106 depth

60 water level

90 pump seat

Imagery ©2018 Google, Map data ©2018 Google 200 ft

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E 333