

# STATE WELL REPORT

429

County: Pitkin  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 12-3-18

**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 #: E 338  
 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)	Well or Borehole Location
Owner Name: <u>Best Friends Grooming</u>	Latitude: <u>31°13'39.8"</u> Longitude: <u>90°25'13.4"</u>
Mailing Address: <u>Weaver Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>McComb</u> <u>MS.</u>	<u>SW 1/4 NE 1/4, Sec 17 T 3N R 8E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

**Well / Borehole Data**

Date drilling started: 12-3-18 Date drilling completed: 12-3-18 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 (check all applicable): ☒ 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 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: 70' feet ☐ above or ☒ below land surface (check one) Date measured: 12-3-18

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

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

Casing length: 115' 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 115' feet to 125' feet

Type of completion (check 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*

Permit #: \_\_\_\_\_

Well #: E-338

### Ground Level

To (depth)

[illegible]

Form: OLWR-SWR-1B (4/13)

E338

Google Maps 31°13'39.8"N 90°25'13.9"W



Imagery ©2018 Google 200 ft

Best Friends, Grooming,

Weaver Rd,

12-3-18.

125-

70-

110-

3/4 HP.

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BY OLWR

# 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 #: E338

Aquifer: \_\_\_\_\_

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date completed: 12-3-18  
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>Best Friends Grooming</u>			Latitude: <u>31° 13' 39.8"</u> Longitude: <u>90° 25' 13.9"</u>		
Mailing Address: <u>Weaver Rd</u>			Method of Lat/Long (check one): Conventional Survey _____		
_____			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>m'omb</u>	<u>ms.</u>	_____	<u>SW 1/4 NE 1/4, Sec 17 T 3N R 8E</u>		
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: 12-3-18 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: 3/4 Setting Depth: 110' feet Number of Stages: 12

**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.

Brad Fitzgerald 029. 12-3-18 Paul H. H.  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer