

**State Well Report**  
**Part I - Driller's Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: E Fitzgerald Well Service  
 Date drilling completed: 6-27-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: F-111  
 L. S. Elevation: \_\_\_\_\_  
 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.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Edith Lundy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Pike 93</u>	Method of Lat/Long (circle one): Conventional Survey
City: <u>McComb</u> State: <u>MS</u> Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (_____) _____	1/4 Sec: <u>10</u> Twn: <u>30N</u> Rng: <u>9E</u>
	Distance: <u>9</u> Miles Direction: <u>East</u> of Nearest Town: <u>McComb</u>

**Well / Borehole Data**

Date drilling started: 6-27-05 Date drilling completed: 6-27-05 Hole depth: 120' 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: 10' feet above or below (circle one) land surface Date measured: 6-27-05

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

Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 0 10/32 inches Setting depth: From 100' feet to 120' 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***

Pump set by the WAREHOUSE.

Form: OLWR-SWR-1A

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**JUL 07 2005**  
**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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F-111  
 Elevation: \_\_\_\_\_

County: PIKE  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald  
 Date completed: 6-7-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Edith Lundy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3152 Pike 931</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>McComb</u> MS <u>39648</u>	_____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>3N</u> Rng <u>9E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 684 2846</u>	<u>9</u> Miles <u>East</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>7-13-05</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-13-05</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>14</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

0-305 Print Name of Pump Installer and License No. (if applicable) [Signature] Signature of Pump Installer

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