

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well Serv.
 Date drilling completed: 11-14-12

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: F164
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Benny Martin</u>	Latitude: <u>31° 12' 15"</u> Longitude: <u>90° 16' 45.5"</u>
Mailing Address: <u>Leathernad Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Myomb MS</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 27 Twn 3N Rng 9E</u>
Telephone No. () _____	Distance Direction Nearest Town Miles of _____

Well / Borehole Data

Date drilling started: 11-14-12 Date drilling completed: 11-14-12 Hole depth: 100' 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: 56' feet above or below (circle one) land surface Date measured: 11-14-12

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

Well depth: 100' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 90' feet to 100' 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*

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 Service
 Date completed: 11-14-12
Copy information from check on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F164
 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>Benny Martin</u> Mailing Address: <u>Heatherwood Rd</u> <u>M'Leach MS</u> City State Zip Code Telephone No. () _____	Latitude: <u>31° 12' 15"</u> Longitude: <u>90° 16' 45.5"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE ¼ NE ¼ Sec 27 T 3N R 9E</u> Distance _____ Miles Direction _____ of Nearest Town _____

Pump Type	Power Type
Circle one Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>11-14-12</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute	Circle one Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>90'</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level
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	Circle one Air Line Electric Measuring Line <input checked="" type="radio"/> 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 024
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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