

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 11-6-06

**State Well Report  
 Part 1 - 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)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well # G-1666  
 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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Patricia Allen</u>  | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>Muddy Springs Rd</u>                                     | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Magrolita</u> <u>MS</u>   | _____ 1/4 _____ 1/4 Sec <u>7</u> Twn <u>2N</u> Rng <u>7E</u>  |
| City State Zip Code  | Distance Direction Nearest Town<br><u>4</u> Miles <u>West</u> of <u>Magrolita</u>                   |
| Telephone No. (____) _____   |   |

**Well / Borehole Data**

Date drilling started: 11-6-06 Date drilling completed: 11-6-06 Hole depth: 93' Hole diameter: 7"

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: 57' feet above or below (circle one) land surface Date measured: 11-6-06

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

Well depth: 93' Well grouted to a depth of 10' feet Type of grout (circle one)  Neat Cement  Bentonite  Mix

Casing length: 83' feet Casing diameter: 4" inches Type of casing: PC

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

Screen slot size: .012 inches Setting depth: From 83' feet to 93' 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***

Form: OLWR-SWR-1A

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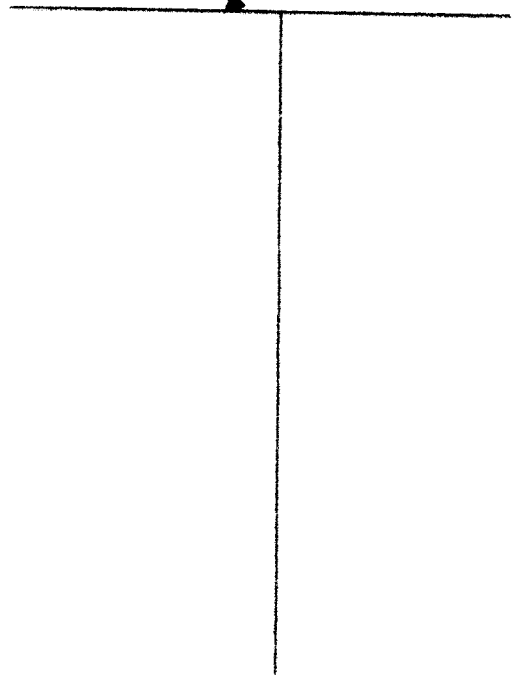
The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level 

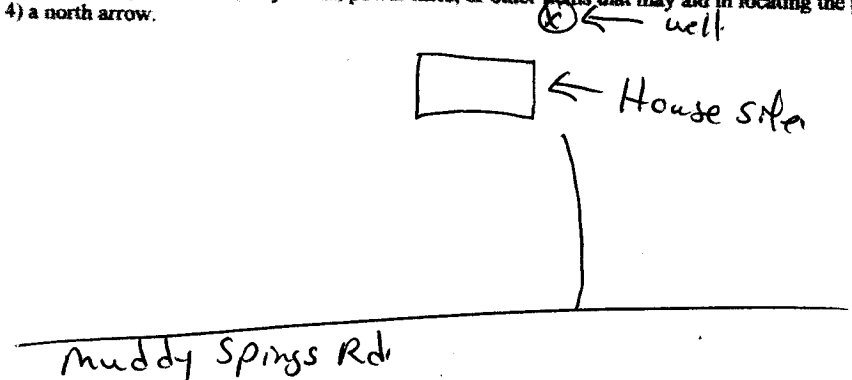
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
|                                       | Ground Level |            |
| clay                                  | 0            | 20         |
| gravel                                | 20           | 60         |
| clay                                  | 60           | 70         |
| sand                                  | 70           | 80         |
| Coarse sand                           | 80           | 93         |
|                                       |              |            |
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|                                       |              |            |



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) a north arrow.



Landowner Name: Patricia Allen

Form: OLWR-SWR-1A

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 11-6-06

Brad Fitzgerald

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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# 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)

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Flzgerald Well Serv  
 Date completed: 11-6-06  
*Copy information from block on Part 1*

**For Office Use Only:**

Auger: \_\_\_\_\_  
 Well #: G-166  
 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>Patricia Allen</u>    | Latitude: _____ Longitude: _____                           |
| Mailing Address: <u>Muddy Spurge</u> | Method of Lat/Long (check one): Conventional Survey _____  |
| <u>Magnolia MS</u>                   | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| City State Zip Code                  | _____ 1/4 _____ 1/4 Sec <u>7</u> T <u>2N</u> R <u>7E</u>   |
| Telephone No. (_____) _____          | Distance Direction Nearest Town                            |
|                                      | <u>4</u> Miles <u>West</u> of <u>Magnolia</u>              |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas                               |
| Bucket Piston Turbine  | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                                  | Windmill Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>1/2</u>                                 |
| Date Pump Installed: <u>11-6-06</u>                              | Setting Depth: <u>85'</u> feet  |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute                | Number of Stages: <u>8'</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                       |
|--|---|
| Date Well Tested: _____                                | Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u> |
| Static Water Level (A): _____ Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                                 |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface    | Well yielded _____ GPM with a drawdown of _____                                     |
| Test Pumping Rate: _____ 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.

Brad Fitzgerald 029 Brad Fitzgerald  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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