

State Well Report

Part 1

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 #: H 168 113
L. S. Elevation: _____
E-log #: _____

County: Pike
Permit #: _____
Driller: Fitzgerald well
Date drilling completed: 9-9-04

Fitzgerald Well Services, Inc.

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Donald Griffin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Richard Rd.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Magnolia</u> MS City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>33</u> Twn <u>2N</u> Rng <u>8E</u>
Telephone No. (____) _____	Distance <u>9</u> Miles Direction <u>East</u> of Nearest Town <u>Magnolia</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 9-9-04 Date well drilling completed: 9-9-04
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 70' feet above or below (circle one) land surface Date measured: 9-9-04
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 115' Well depth: 15' Well grouted to a depth of 10' feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 105' feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: 012 inches Setting depth: From 105' feet to 115' 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 back of page
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Brad Stuyard 029
Print Name of Water Well Contractor and License No.

Brad Stuyard
Signature of Water Well Contractor

RECEIVED
SEP 20 2004
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 #: H 168

Elevation: _____

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well
 Date completed: 9-9-04

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>Donald Griffin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Richard Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>magroba ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 33 Twn 2N Rng 8E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4 Miles EAST of magroba</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>9-9-04</u>	Setting Depth: <u>105'</u> RECEIVED
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u> SEP 20 2004

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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