

# 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-172  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Pike 113  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 3-7-05

Fitzgerald Well Service, 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>James Addison</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3037 Magnolia Holmesville Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Magnolia</u> <u>Mississippi</u> <u>MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>9</u> Twn <u>2N</u> Rng <u>8E</u>
City _____ State _____ Zip Code _____	Distance _____ Miles Direction <u>EAST</u> of Nearest Town <u>Magnolia</u>
Telephone No. (____) _____	

**Well Data**

Purpose of Well (circle one)  Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

Date well drilling started: 3-7-05 Date well drilling completed: 3-7-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 3-7-05

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

Hole depth: 120' Well depth: 120' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement  Bentonite   Mix

Casing length: 110' 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 110' 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 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 Fitzgerald 029 Brad Shydel  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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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: P. Ke.  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald well services  
 Date completed: 3-7-05.  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-172  
 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>James Addison</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3037 Magnolia Helmsculloft</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>magnolia ms.</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. (____) _____	_____ 1/4 _____ 1/4 Sec <u>9</u> T <u>2N</u> R <u>8E</u>
	Distance Direction Nearest Town
	<u>3</u> Miles <u>East</u> of <u>magnolia.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>3-7-05.</u>	Setting Depth: <u>110'</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 Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <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 0291 Brad Fitzgerald  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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