

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)

For Office Use Only

Agency:
Well #: H-178
U.S. Division:
Page: 1

Piker

Driller: Fitzgerald Well Service
Date drilling completed: 7-12-05

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) and Well or Borehole Location. Includes fields for Well Name (James Mayle), Address (Lang Rd, Magnolia MS), Well Name (Lang Rd), Method of Location (Conventional survey), USGS quad (34 2N 8E), Distance (6 Miles SE of Magnolia).

Well/Borehole Data. Includes Date drilling started (7-12-05), Date drilling completed (7-12-05), Hole depth (118'), Hole diameter (8").

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Well Construction Details. Includes Purpose of Well (Industrial), Flowing well method (Valve), Static Water Level (60 feet), Method of Measurement (steel tape), Well depth (118'), Casing length (108'), Screen length (10'), Screen slot size (.012 inches), Setting depth (102' to 118').

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: Fitzgerald Well Services
 Date completed: 7-12-05
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-178
 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 Magee</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lang Rd</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>34</u> T <u>2N</u> R <u>8E</u>
Telephone No (_____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>SE</u> of <u>Magnolia</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" 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"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>7-12-05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>8</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" 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 Brad Fitzgerald
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer