

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald, well serv  
 Date drilling completed: 12-21-11

**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: H 220  
 Well #: \_\_\_\_\_  
 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.*

<p align="center"><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Dana Beech</u>          Mailing Address: <u>Tangelwood Rd</u>  <u>Magodick MS</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 7' 1.4"</u> Longitude: <u>90° 23' 35.8"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>SW</u> <u>SW</u> <u>Sec 22</u> <u>Twn 2 N</u> <u>Rng 8 E</u>          Distance Direction Nearest Town          Miles of _____</p>
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**Well / Borehole Data**

Date drilling started: 12-21-11 Date drilling completed: 12-21-11 Hole depth: 110' 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: 75' feet above or below (circle one) land surface Date measured: 12-21-11  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 110' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 100' 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 100' feet to 110' 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*

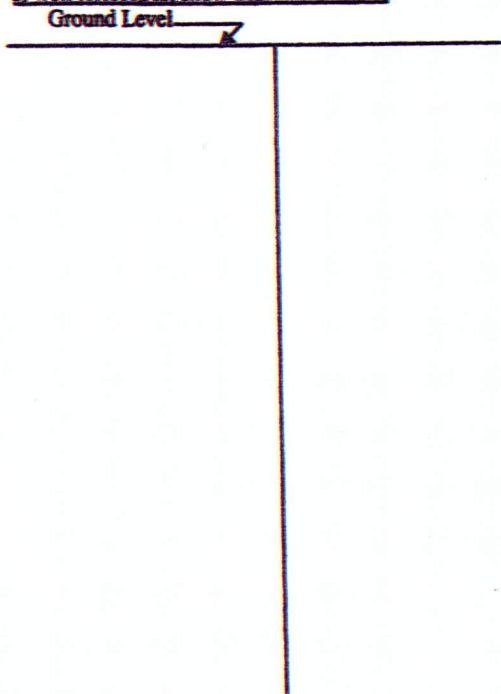
Form: OLWR-SWR-1A (04/08)

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H 220

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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
clay	20	40
clay	40	80
clay	80	90
Sand	90	100
course sand	100	110

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: Dana Beech

Form: OLWR-SWR-1A (04/08)

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.

Brian Fitzgerald 029 12-21-11  
 Print Name of Responsible Licensee and License No. Date

Brian Fitzgerald  
 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 2309  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: H220  
Elevation: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Services  
Date completed: 12-21-11  
*Copy information from block on Part 1*

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>Dana Beech</u>	Latitude: <u>31° 7' 1.4"</u> Longitude: <u>90° 23' 35.8"</u>
Mailing Address: <u>Tangelwood 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>22</u> T <u>2N</u> R <u>8E</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type	Power Type
Air Lift Circle one Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-21-11</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level
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	

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 029. \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer  
Form: OLWR-SWR-1C (07-09)

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