

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 #: 5 120 113
L. S. Elevation: _____
E-log #: _____

County: Pike
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 9-1-04

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>Mary Sawyer</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Old Hwy 24</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>McComb</u> <u>MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>2N</u> Rng <u>9E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>10</u> Miles <u>EAST</u> of <u>McComb</u>

Well Data

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

Date well drilling started: 9-1-04 Date well drilling completed: 9-1-04

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

Static Water Level: 65' feet above or below (circle one) land surface Date measured: 9-1-04

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

Hole depth: 117' Well depth: 117' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 107' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 1/16 inches Setting depth: From 107' feet to 117' 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): _____

RECEIVED
SEP 10 2004
BY: OLWR

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 Fitzgerald
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

J-120

Ground Level

5

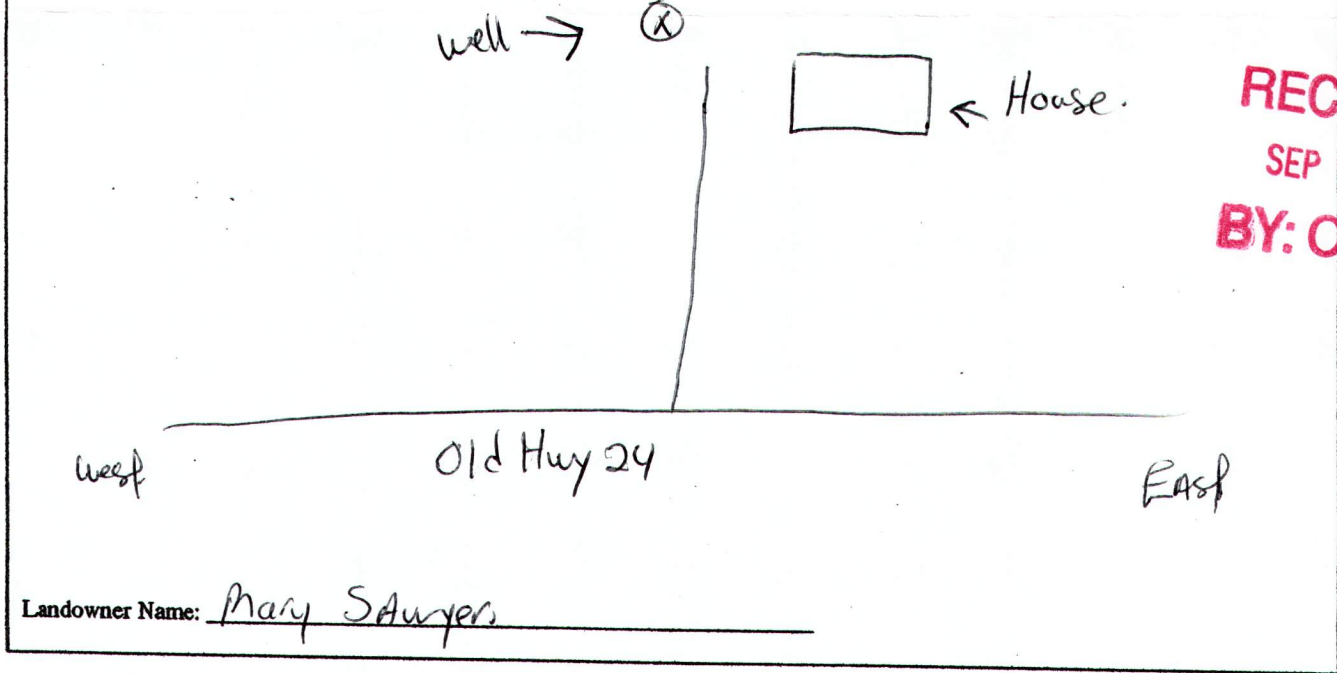
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
clay	0	20
sand	20	40
gravel	40	80
sand	80	90
course sand & gravel	90	117

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) indicate direction.



Landowner Name: Mary Sawyer

Bruce S. Fernald
Signature of Water Well Contractor

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 #: 5 120

Elevation: _____

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date completed: 9-1-04

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>Mary Sawyer</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Old Hwy 24</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>McComb MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>2N</u> Rng <u>9E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>10</u> Miles <u>East</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9-1-04</u>	Setting Depth: <u>105'</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8'</u>

RECEIVED
 SEP 10 2004
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u> <input type="radio"/>
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