

# 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 #: 2-122 113

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Service  
Date drilling completed: 10-27-04

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>Sandra Conner</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Husky Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Magnolia</u> MS City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS 1/4 Sec <u>18</u> Twn <u>2N</u> Rng <u>9E</u>
Telephone No. ( ) _____	Distance <u>8</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: 10-27-04 Date well drilling completed: 10-27-04

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

Static Water Level: 85' feet above or below (circle one) land surface Date measured: 10-27-04

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

Hole depth: 150' Well depth: 150' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140' 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 140' feet to 150' 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  
Print Name of Water Well Contractor and License No.

Bruce Stye  
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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: 5-122

Elevation: \_\_\_\_\_

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Wellbore  
 Date completed: 10-27-04

**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>Sandra Conners</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Husky Lane</u>	Method of Lat/Long (circle 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>18</u> Twn <u>2N</u> Rng <u>9E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>8</u> Miles <u>EAST</u> of <u>Magnolia</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>3/4</u>
Date Pump Installed: <u>10-27-04</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

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.

Brenda Styrud 0291  
 Print Name of Pump Installer and License No. (if applicable)

Brenda Styrud  
 Signature of Pump Installer

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NOV 03 2004

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