

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)961-5216, (601)354-6938 (fax)

For Office Use Only

Pike

Permit: Fitzgerald Well Sump, Date of completion: 7-13-05

Well ID: J-129

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)

Owner name: Otto Ludwig, Mailing Address: Dykes weather Rd, Tylabum MS, Zip Code

Well or Borehole Location

Latitude, Longitude, Method of Location, USGS quad, Hand-held GPS, Survey-grade GPS, Section 34, Town 2N, Range 9E, Distance 7 Miles, Direction South of Tylabum

Well / Borehole Data

Date drilling started 7-13-05, Date drilling completed 7-13-05, Hole depth 109', 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

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: 49' feet above or below (circle one) land surface, Date measured: 7-13-05

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

Well depth: 109', Well grouted to a depth of 10' feet, Type of grout (circle one): Seal Cement, Bentonite, Mix

Casing length: 99' 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 feet to feet

Condition of completion (circle all applicable): Level packed, Underreamed, Telescoped, Open hole, Natural hydraulic, Other (describe)

Number of pipe or reduction in casing feet, If telescoped or more than one screen, describe on next page

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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)

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Aquifer

Well #

Elevation

J-129

County Pike
Permit #
Driller Fitzgerald Well Service
Date completed 7-13-05
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>Otto Ludwig</u>	Latitude _____ Longitude _____
Mailing Address <u>Dykes Waltham Rd</u>	Method of Lat Long (check one) <input type="checkbox"/> Conventional Survey
<u>Tylerdown MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	Section _____ Township <u>34</u> Range <u>2N</u> <u>9E</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>7</u> Miles <u>Swest</u> of <u>Tylerdown</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify) _____ Date Pump Installed <u>7-13-05</u> Rated Pump Capacity <u>12</u> Gallons Per Minute	<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well <input type="checkbox"/> Windmill Other (specify) _____ Horse Power Rating of Motor <u>3/4</u> Setting Depth <u>90'</u> Number of Stages <u>12</u> <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Natural Gas <input type="checkbox"/> Engine P.D.

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tape</u> <input type="checkbox"/> Other (specify) _____
Static Water Level (A) _____ Feet Below Land Surface	For flowing well, measured shut-in head _____ feet
Pumping Water Level (B) _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)] _____ Feet Below Land Surface	
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