

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: 25172
Aquifer: _____
E-Log #: _____

County: Pike
Permit #: 1
Driller: Fitzgerald Well Serv.
Date drilling completed: 2-8-16

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Leon Powell</u>	Latitude: <u>31° 8' 56"</u> Longitude: <u>90° 18' 49.9"</u>
Mailing Address: <u>Barth Leggett</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Magnolia</u> MS Zip Code _____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. (____) _____	<u>SE 1/4 SE 1/4, Sec 8 T2N R9E</u>
	____ Miles of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 2-8-16 Date drilling completed: 2-8-16 Hole depth: 170 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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 116' feet [above or below] land surface Date measured: 2-8-16
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 170' Well grouted to a depth of: 10' feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 160' feet Casing diameter: 4" inches Type of casing: Pvc
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: Pvc
 Screen slot size: .010 inches Setting depth: From 160' feet to 170' feet
 Type of completion (circle all applicable): Gravel packed Underreamed 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

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)

County: Pike
Permit #: _____
Driller: Fitzgerald Well Serv.
Date completed: 2-8-16
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: J172
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>Leon Powell</u>	Latitude: <u>31° 8' 56"</u> Longitude: <u>90° 18' 49.9"</u>
Mailing Address: <u>Barto Leggett 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 _____ T _____ R
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>3/4</u>
Date Pump Installed: <u>2-8-16</u>	Setting Depth: <u>150'</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
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 Co. 9 Brad Stadel
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09) FEB 10 2016