

State Well Report

Part 1 - Driller's Log

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 #: K-134  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald well serv  
 Date drilling completed: 9-20-07

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)		Well or Borehole Location	
Owner Name: <u>Bob Wall</u>		Latitude: <u>31.0519</u>	Longitude: <u>90.2929</u>
Mailing Address: <u>Hwy 584</u>		Method of Lat/Long (circle one): <u>52</u> Conventional Survey, <u>30</u>	
<u>Osyka</u> <u>MS</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code		<u>34</u> <u>1N</u> <u>7E</u>	
Telephone No. ( )		Distance _____ Miles	Direction _____ of
			Nearest Town _____

**Well / Borehole Data**

Date drilling started: 9-20-07 Date drilling completed: 9-20-07 Hole depth: 95' Hole diameter: 7"

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: 56' feet above or below (circle one) land surface Date measured: 9-20-07

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

Well depth: 95' Well grouted to a depth of 10' feet Type of grout (circle one): (Neat Cement) Bentonite Mix

Casing length: 80' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 15' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 010-5/16-10 inches Setting depth: From 80' feet to 90' 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*

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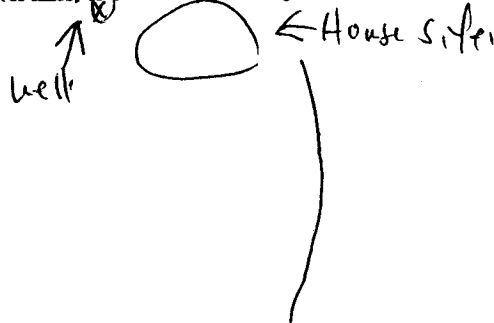
Pump set by Billy Gill.

K-134

Clay	0	20
Sand	20	40
Gravel	40	60
Coarse Sand + gravel	60	95

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.



Hwy 584

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Landowner Name: Bob Wall

Form: OLWR-SWR-1A

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     024     9-20-07

Print Name of Responsible Licensee and License No.

Date

Brian Fitzgerald

Signature of Licensee

# 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)

County: PIKE  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date completed: 9-20-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-134  
 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>Bob Wall</u>	Latitude: <u>31°0'51.9"</u> Longitude: <u>90°24'29.9"</u>
Mailing Address: <u>Hwy 584</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Osyka MS</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 Sec <input type="checkbox"/> T <input type="checkbox"/> R
Telephone No. <u>(601) 542 5994</u>	Distance Direction Nearest Town
	<u>1.5</u> Miles <u>W</u> of <u>Osyka</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>10-6-07</u>	Setting Depth: <u>87</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-6-07</u>	Air Line Electric Measuring Line <b>Steel Tape</b> <input checked="" type="checkbox"/>
Static Water Level (A): <u>56'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>87'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>69'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>26.2</u> <sup>at well head pressure</sup> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

William A. Gill No. 0-752P William A. Gill  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 Form: OLWR-SWR-18  
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