

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)

County: Pike
 Permit #: _____
 Driller: Fitzgerald well fees
 Date drilling completed: 4-3-08

For Office Use Only:
 Aquifer: _____
 Well #: X-143
 L. S. Elevation: _____
 E-log #: _____

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Sam Ott</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>State line Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Osyka</u> <u>ms</u>	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>1N</u> Rng <u>7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>1</u> Miles <u>west</u> of <u>Osyka</u>

Well / Borehole Data

Date drilling started: 4-3-08 Date drilling completed: 4-3-08 Hole depth: 100' Hole diameter: 68"

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: 66' feet above or below (circle one) land surface Date measured: 4-3-08

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

Well depth: 100' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90' 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 90' feet to 100' 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*

Pump set by Billy Gill.

Form: OLWR-SWR-1A

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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 #: _____
Elevation: _____

County: Pike
Permit #: _____
Driller: Fitzgerald
Date completed: 4-2-08

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>Sammy Ott</u>	Latitude: <u>N 31° 0' 24"</u> Longitude: <u>W 09° 0' 29"</u> Elevation: <u>300'</u>
Mailing Address: <u>Stateline Rd. W.</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Osyka Miss. 39657</u>	1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>601 249 9488</u>	<u>3/4</u> Miles <u>W</u> of <u>Osyka</u>

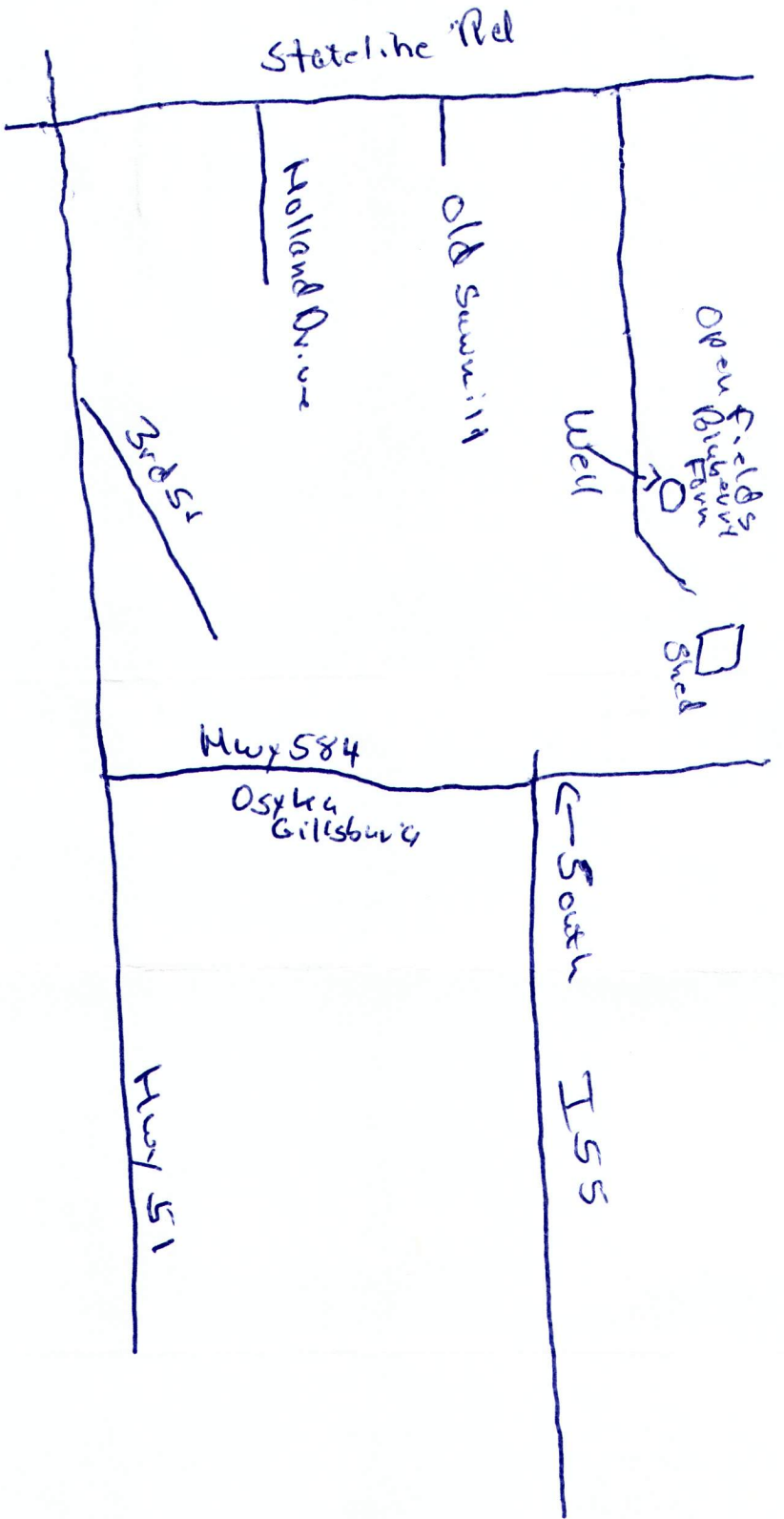
Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-8-08</u>	Setting Depth: <u>85'</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-9-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>85</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>77</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>25.5</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

William A Gill 0-751P William A Gill
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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