

County: Pike
 Permit #: _____
 Driller: Fitzgerald Wellfence
 Date drilling completed: 12-23-11

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:

Aquifer: K178
 Well #: _____
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>OTTO Timenee</u>	Latitude: <u>31° 4' 6"</u> Longitude: <u>90° 27' 56.4"</u>
Mailing Address: <u>Chattanooga Bluff</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Chattanooga</u> MS	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>55° 1/4</u> <u>NE 1/4</u> Sec <u>11</u> Twn <u>1N</u> Rng <u>7E</u>
Telephone No. ()	Distance Direction Nearest Town
	Miles of

Well / Borehole Data

Date drilling started: 12-23-11 Date drilling completed: 12-23-11 Hole depth: 107' 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 (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: 62' feet above or below (circle one) land surface Date measured: 12-23-11

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

Well depth: 107' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 97' 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 97' feet to 107' 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*

Form: OLWR-SWR-1A (04/08)

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Ground Level.

	Ground Level	
clay-	0	20
slab-	20	40
sand-	40	80
Sand Rock.	60	62
gravel	62	80
clay	80	90
sand	90	95
Coarse Sand	95	107

N

old Hwy 51

5

Chatawa Bluff

Camper

Q. 6. well

$$\square \leftarrow \text{shad}$$

Landowner Name: OTTO Jimenez.

Form: OLWR-SWR-1A (04/08)

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.

laws. Brad Fitzgerald 029.

Print Name of Responsible Licensee and License No.

Date _____

Signature of Licensee

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BY: OLWR

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)

For Office Use Only:

Aquifer: _____

Well #: K178

Elevation: _____

County: Pike
Permit #: _____
Driller: Fitzgerald well serv
Date completed: 12-23-11
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 Jimenez</u>		Latitude: <u>31° 4' 6.6"</u>	Longitude: <u>90° 27' 56.1"</u>
Mailing Address: <u>Chukana Bluff</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Chukana MS</u>		USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____	
City _____ State _____ Zip Code _____		_____ 1/4 _____ 1/4 Sec. <u>11</u> T. <u>1N</u> R. <u>7E</u>	
Telephone No. () _____		Distance _____ Miles	Direction _____ of _____ Nearest Town _____

Pump Type			Power Type		
Circle one			Circle one		
Air Lift	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>1/2</u>		
Date Pump Installed: <u>12-23-11</u>			Setting Depth: <u>90</u> feet		
Rated Pump Capacity: <u>12</u> Gallons Per Minute			Number of Stages: <u>8</u>		

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

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 029.
Print Name of Pump Installer and License No. (if applicable)

Paul J. Hild
Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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