

# STATE WELL REPORT

302

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 3-13-19

**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)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**

Well #: K 211  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Tosh Lee</u>	Latitude: <u>31° 3' 17.2"</u> Longitude: <u>90° 29' 6.1"</u>
Mailing Address: <u>John Speed Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Charlana</u> <u>MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW</u> ¼ <u>NE</u> ¼, Sec <u>15</u> T <u>1N</u> R <u>7E</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 3-13-19 Date drilling completed: 3-13-19 Hole depth: 120' 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 (check all applicable):  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 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: 80' feet  above or  below land surface Date measured: 3-13-19  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 120' Well grouted to a depth of: 10' feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 110' 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 110' feet to 120' feet

Type of completion (check 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*

RECEIVED  
 JUN 06 2019  
 BY OLWR

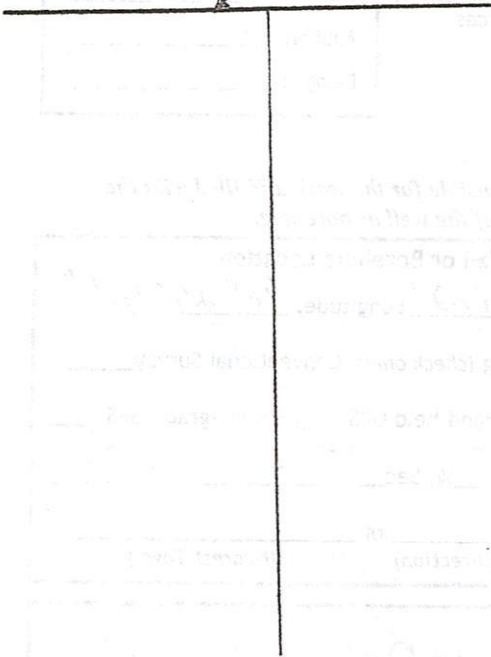
K211

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
clay	20	40
Sand	40	60
Sand	60	100
Sand	100	110
Coarse sand	110	120

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.

Landowner Name: Tash Lee

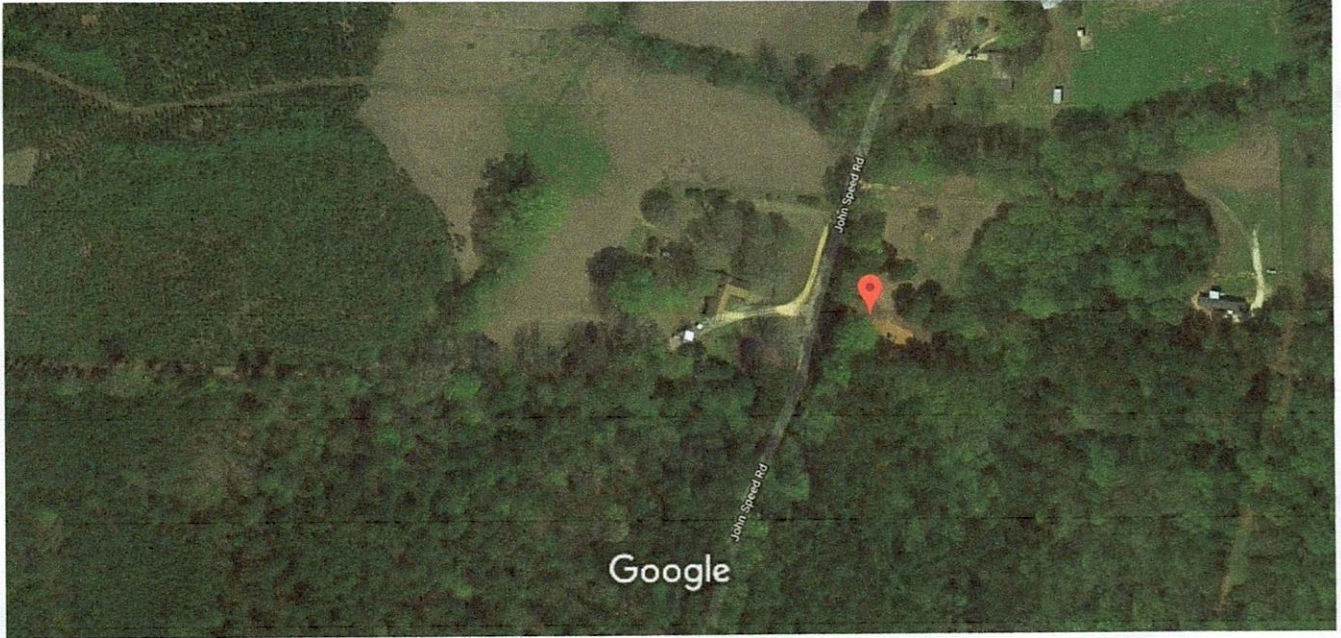
Form CI WR-SWR-1A (04/08)

Brad Fitzgerald 029. 3-13-19 Paul Field

Google Maps

31°03'17.2"N 90°29'06.1"W

K211  
pike



Imagery ©2019 Google, Map data ©2019 Google 200 ft

3-13-19

Josh Lee.

@John Speed Rd

120'

80'

110'

1/2 HP

RECEIVED  
JUN 06 2019  
Y 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 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

#### For Office Use Only:

Well #: K211

Aquifer: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: Edgwald well service  
Date completed: 3-13-19.  
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>Tash Lee</u>		Latitude: <u>31° 3' 17.2"</u>	Longitude: <u>90° 29' 0.1"</u>
Mailing Address: <u>John Speed Rd</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Chapawa</u> Rd		<u>NW</u> ¼ <u>NE</u> ¼, Sec <u>15</u> T <u>1N</u> R <u>7E</u>	
City _____	State _____ Zip Code _____	_____ Miles _____ of _____	(Distance) (Direction) (Nearest Town)
Telephone No. (____) _____			

**Pump Type (check one)**  
Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
Date Pump Installed: 3-13-19. Rated Pump Capacity: 12 Gallons Per Minute  
Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**  
Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 1/2 Setting Depth: 110 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**  
Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
Measured shut in head: \_\_\_\_\_ feet.  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
Is This Meter (check one):  New  Repaired  Replacement

**Important:** By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Brad Edgwald 029. 3-13-19. Brad Edgwald  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer