

201-684-1925

Part 2 never received
M-10-19-04
4/13

State Well Report

Part 1

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 #: L-138

L. S. Elevation: _____

E-log #: _____

113

County: Pike 113
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 10-14-04
Fitzgerald Well Service Inc

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Crocket Kennedy</u>	Latitude: <u>31° 04' 53"</u> Longitude: <u>91° 24' 18"</u>
Mailing Address: <u>Guiding Light Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Magnolia</u> <u>MS</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 4 Twn 1N Rng 8E</u>
Telephone No. () _____	Distance <u>5</u> Miles <u>NW 1/4</u> of <u>Chutawa</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 10-14-04 Date well drilling completed: 10-14-04

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 10-14-04

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

Hole depth: 90' Well depth: 90' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80' 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 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 back of log.

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

RECEIVED

OCT 21 2004

BY: OLWR

Name of organization running log(s):
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Brad Fitzgerald 029
Print Name of Water Well Contractor and License No.

Brad Fitzgerald
Signature of Water Well Contractor

