

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Williams  
 Date drilling completed: 7-15-08

**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 #: L-189  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the licensee 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)*  
 Owner Name: Randy Falekany  
 Mailing Address: Glendon Rd  
Madison MS  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well or Borehole Location**  
 Latitude: 31° 35' 59" N Longitude: 90° 24' 38" W  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad, Hand-held GPS, Survey-grade GPS  
 1/4 Sec 9 Twn 12 Rng 8C  
 Distance Direction Nearest Town  
 Miles of \_\_\_\_\_

**Well / Borehole Data**  
 Date drilling started: 7-15-08 Date drilling completed: 7-15-08 Hole depth: 160' 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: 80' feet above or below (circle one) land surface Date measured: 7-15-08

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

Well depth: 160' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150' feet Casing diameter: 4" inches Type of casing: PC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PC

Screen slot size: .012 inches Setting depth: From 150' feet to 160' feet

Type of completion (circle all applicable): Gravel pack 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

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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 1001  
 Jackson, MS 39208-0631  
 (601) 961-5210  
 (601) 354-0938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-189  
 Elevation: \_\_\_\_\_

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Serv  
 Date completed: 7-15-08  
 Copy information from blank 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 kept on file with the Department in the above address within 30 days of well installation.

Well Owner Information	Well Location
Owner Name: <u>Brad Fitzgerald</u>	Latitude: <u>31° 3' 56.8"</u> Longitude: <u>90° 29' 38.1"</u>
Mailing Address: <u>Glendale</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
<u>Mayfield MS</u> City State Zip Code	Distance Direction Nearest Town _____ Miles _____ of _____
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump installed: <u>7-15-08</u>	Setting Depth: <u>130'</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>10</u>

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

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

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

Form: OLWR-SWR-10 RECEIVED

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