

**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 Serv
Date drilling completed: 10-28-09

For Office Use Only:
Aquifer: L 210
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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Lorraine Dillon</u> Mailing Address: <u>Charlie Rodatus Rd</u> <u>Ostka MS</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 2' 12.2"</u> Longitude: <u>90° 24' 18.1"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 21 Twn 1N Rng 8E</u> Distance Direction Nearest Town Miles of _____</p>
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Well / Borehole Data

Date drilling started: 10-28-09 Date drilling completed: 10-28-09 Hole depth: 82' 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 L 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: 20' feet above or below (circle one) land surface Date measured: 10-28-09

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

Well depth: 82' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 72' 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 72' feet to 82' 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)

BY: OLWR
For Office Use Only:

County: Pike
 Permit #: _____
 Driller: Fitzgerald
 Date completed: _____

Aquifer: _____
 Well #: _____
 Elevation: _____

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>Lorraine D. Ilson</u>	Latitude: <u>31° 2' 12.2"</u> Longitude: <u>90° 24' 18.1"</u>
Mailing Address: <u>Charity Rhoads Rd.</u> <u>Osyka, Miss</u> <u>39657</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u> </u> Twn <u> </u> Rng <u> </u>
Telephone No. () <u>N/A</u>	Distance Direction Nearest Town <u> </u> Miles <u> </u> of <u> </u>

Pump Type Circle one	Power Type 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 hp</u>
Date Pump Installed: <u>11-1-09</u>	Setting Depth: <u>50'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-1-09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10.8</u> 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.

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