

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)

County: Pike
Permit #: _____
Driller: Fitzgerald Well Co
Date drilling completed: 9-28-11

For Office Use Only:
Aquifer: _____
Well #: L226
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>Pecul Forest</u>	Latitude: <u>31° 3' 23"</u> Longitude: <u>90° 21' 34.9"</u>
Mailing Address: <u>Allen Lane</u>	Method of Lat/Long (circle one): Conventional Survey, <u>23</u> <u>35</u>
<u>Magnolia</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>13</u> Twn <u>1N</u> Rng <u>8E</u>
Telephone No. () _____	Distance Direction Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 9-28-11 Date drilling completed: 9-28-11 Hole depth: 126' 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: 86' feet above or below (circle one) land surface Date measured: 9-28-11

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

Well depth: 126' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 116' 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 116' feet to 126' 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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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 #: L226

Elevation: _____

County: Pike

Permit #: _____

Driller: Fitzgerald Well Service

Date completed: 9-28-11

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

Owner Name: Pearl Forest

Mailing Address: Allen Lane

Magnolia MS
City State Zip Code

Telephone No. () _____

Well Location

Latitude: 31° 3' 23.4" Longitude: 90° 21' 34.9"

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____

NW 1/4 NW 1/4 Sec 13 T 1N R 8E

Distance _____ Direction _____ Nearest Town _____
Miles of _____

Pump Type Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 9-28-11

Rated Pump Capacity: 12 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 1/2

Setting Depth: 110' feet

Number of Stages: 8

Pump Test Data

Date Well Tested: _____

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

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

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 024
Print Name of Pump Installer and License No. (if applicable)

Brad Fitzgerald
Signature of Pump Installer

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

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OCT 17 2011

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