

# 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: Like  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Serv  
Date drilling completed: 3-16-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: M-100  
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Gardner Kaugler</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Osyka Progress Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Progress MS</u> City State Zip Code	____ 1/4 ____ 1/4 Sec <u>19</u> Twn <u>1N</u> Rng <u>9E</u>
Telephone No. (____) _____	Distance <u>1 1/2</u> Miles Direction <u>West</u> of Nearest Town <u>Progress</u>

**Well / Borehole Data**

Date drilling started: 3-16-06 Date drilling completed: 3-16-06 Hole depth: 115' 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: 83' feet above or below (circle one) land surface Date measured: 3-16-06

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

Well depth: 115' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 105' 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 105' feet to 115' 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

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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)

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date completed: 3-16-06  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-100  
 Elevation: \_\_\_\_\_

*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>Gardner Kaugler</u> Mailing Address: <u>Osyka Progress</u>  <u>Progress</u> <u>MS</u> City                      State                      Zip Code Telephone No. (____) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>19</u> T <u>11N</u> R <u>9E</u> Distance                      Direction                      Nearest Town <u>1 1/2</u> Miles <u>West</u> of <u>Progress</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <input checked="" type="radio"/> Submersible Bucket                      Piston                      Turbine Centrifugal                      Rotary                      Flowing Well Other (specify): _____ Date Pump Installed: <u>3-16-06</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine                      Gasoline Engine                      Natural Gas <input checked="" type="radio"/> Electric Motor                      Hand                      Tractor PTO Windmill                      Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>110</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
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	Air Line                      Electric Measuring Line <input checked="" type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

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

Form: OLWR-SWR-1B

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