

# 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)

County: Amite 005  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Service  
Date drilling completed: 3-2-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: A-57  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

*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>Mr. Huff</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>East Hornoch Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Gloster</u> <u>MS</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>17</u> Twn <u>4N</u> Rng <u>2E</u>
Telephone No. (____) _____	Distance <u>7</u> Miles Direction <u>North</u> of Nearest Town <u>Gloster</u>

Well Data

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

Date well drilling started: 3-2-05 Date well drilling completed: 3-2-05

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

Static Water Level: 38' feet above or below (circle one) land surface Date measured: 3-2-05

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: .010 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 page

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

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

*Am Pump Sol.*

**RECEIVED**  
MAR 14 2005  
BY: OLWR

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: A-57

Elevation: \_\_\_\_\_

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzwell Sene  
 Date completed: 3-2-05

**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>Paris Huber</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>677 East Homestead Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Calata</u> <u>MS</u> <u>3</u> City                  State                  Zip Code	_____ ¼ _____ ¼ Sec <u>17</u> Twn <u>4N</u> Rng <u>7E</u> Distance          Direction          Nearest Town <u>7</u> Miles <u>N</u> of <u>Calata</u>
Telephone No. <u>(601) 373 1201</u>	

Pump Type Circle one	Power Type Circle one
Air Lift                  Jet <u>Submersible</u> Bucket                  Piston                  Turbine Centrifugal                  Rotary                  Flowing Well Other (specify): <u>used old 1/2 H.P. pump</u> Date Pump Installed: <u>8 APR 05</u> Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine          Gasoline Engine          Natural Gas Electric Motor          Hand                  Tractor PTO Windmill                  Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: _____ feet Number of Stages: _____

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          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.

Amos Parker 0309                                  Amos Parker  
 Print Name of Pump Installer and License No. (if applicable)                  Signature of Pump Installer

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 MAR 14 2005  
 BY: OLWR