

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)

For Office Use Only:

Aquifer: _____
Well #: B-52
L. S. Elevation: _____
E-log #: _____

County: Amite

Permit #: _____

Driller: Fitzgerald Well

Date drilling completed: _____

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

Owner Name: Stephen Colkmire

Mailing Address: Rollins

Meadville MS
City State Zip Code

Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

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

1/4 1/4 Sec 11 Twn 4N Rng 3E

Distance Direction Nearest Town
11 Miles NE of Gloster

Well Data

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

Date well drilling started: 9-8-04 Date well drilling completed: 9-8-04

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

Static Water Level: 120' feet above or below (circle one) land surface Date measured: 9-8-04

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

Hole depth: 145' Well depth: 145' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 135' 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 135' feet to 145' 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.

Brian Fitzgerald 029
Print Name of Water Well Contractor and License No.

Brian Fitzgerald
Signature of Water Well Contractor

RECEIVED
SEP 20 2004
BY: OLWR

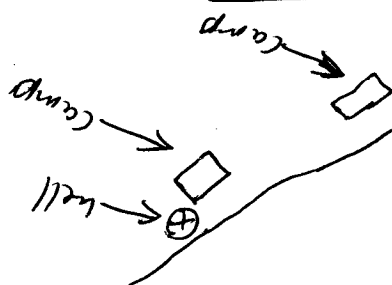
Signature of Water Well Contractor

Bradford

Landowner Name:

Stephen Colkover

Rollinson Rd.



Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

If more than one screen, show location of each on sketch

BY: OLWR

SEP 20 2004

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Description of Formations Encountered		From	To
Clay		0	40
Sand/gravel		40	50
Clay		50	110
Clay		80	110
Sand/A		110	120
Sand		120	130
Clay & sand/gravel		130	145

Ground Level

B-52

If well telescopes please sketch below and show depths.

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: Amite
Permit #: _____
Driller: Fitzgerald Well
Date completed: 9-8-04

For Office Use Only:
Aquifer: _____
Well #: B-52
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 Owner Name: <u>Stephen Colkovic</u> Mailing Address: <u>Rollins Rd</u> <u>Meadville Ms</u> State _____ Zip Code _____ City _____ Telephone No. () _____	Well Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>11</u> Twn <u>4</u> Rug <u>3E</u> Distance _____ Direction <u>NE</u> of <u>Groves</u> Nearest Town _____ _____ Miles _____
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Pump Type Circle one Air Lift _____ Jet _____ Bucket _____ Piston _____ Centrifugal _____ Rotary _____ Other (specify): _____ Date Pump Installed: <u>9-8-04</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Power Type Circle one Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>140'</u> feet Number of Stages: <u>12</u> RECEIVED
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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 _____ <u>BY OLWR</u> Electric Measuring Line _____ <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ _____ feet after _____ hours of pumping
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Brad Fitzgerald 029
Print Name of Pump Installer and License No. (if applicable)
Brad Fitzgerald
Signature of Pump Installer