

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: B73
Aquifer: _____
E-Log #: _____

County: Amité
Permit #: _____
Driller: Fitzgerald Water Well
Date drilling completed: 8-22-17

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Mark Parker</u>	Latitude: <u>31° 19' 35.8"</u> Longitude: <u>90° 52' 23.6"</u>
Mailing Address: <u>Rollinson Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Liberty, MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE</u> ¼ <u>SE</u> ¼, Sec <u>11</u> T <u>4N</u> R <u>3E</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8-22-17</u> Date drilling completed: <u>8-22-17</u> Hole depth: <u>200'</u> Hole diameter: <u>8"</u>
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): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>162'</u> feet [above or below] land surface (circle one) Date measured: <u>8-22-17</u>
Method of measurement (circle one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> Other (describe): _____
Well depth: <u>200'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): <input checked="" type="radio"/> Neat Cement <input type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>180'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>Pvc</u>
Screen length: <u>20'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>Pvc</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>180'</u> feet to <u>200'</u> feet
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Open hole <input type="radio"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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)

County: Amite
 Permit #: _____
 Driller: Fitzgerald Water Well
 Date completed: 8-22-17
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B73
 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>Mark Parker</u>	Latitude: <u>31° 19' 35.8"</u> Longitude: <u>90° 52' 23.6"</u>
Mailing Address: <u>Rollinson Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Liberty, MS</u>	<u>NE ¼ SE ¼ Sec 11 T 4 N R 3 E</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town <u>RECEIVED</u>
Telephone No. () _____	Miles of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
<u>Submersible</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/>
Bucket <input type="checkbox"/>	Hand <input type="checkbox"/>
Piston <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Turbine <input type="checkbox"/>	Other (specify): _____
Centrifugal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Horse Power Rating of Motor: <u>1</u>
Flowing Well <input type="checkbox"/>	Setting Depth: <u>190'</u> feet
Other (specify): _____	Number of Stages: <u>14</u>
Date Pump Installed: <u>8-22-17</u>	
Rated Pump Capacity: <u>12</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Air Line <input type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	<u>Steel Tape</u> <input checked="" type="checkbox"/>
Test Pumping Rate: _____ Gallons Per Minute	Other (specify): _____
Duration of Pump Test (minimum 4 hours): _____ hours	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.

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

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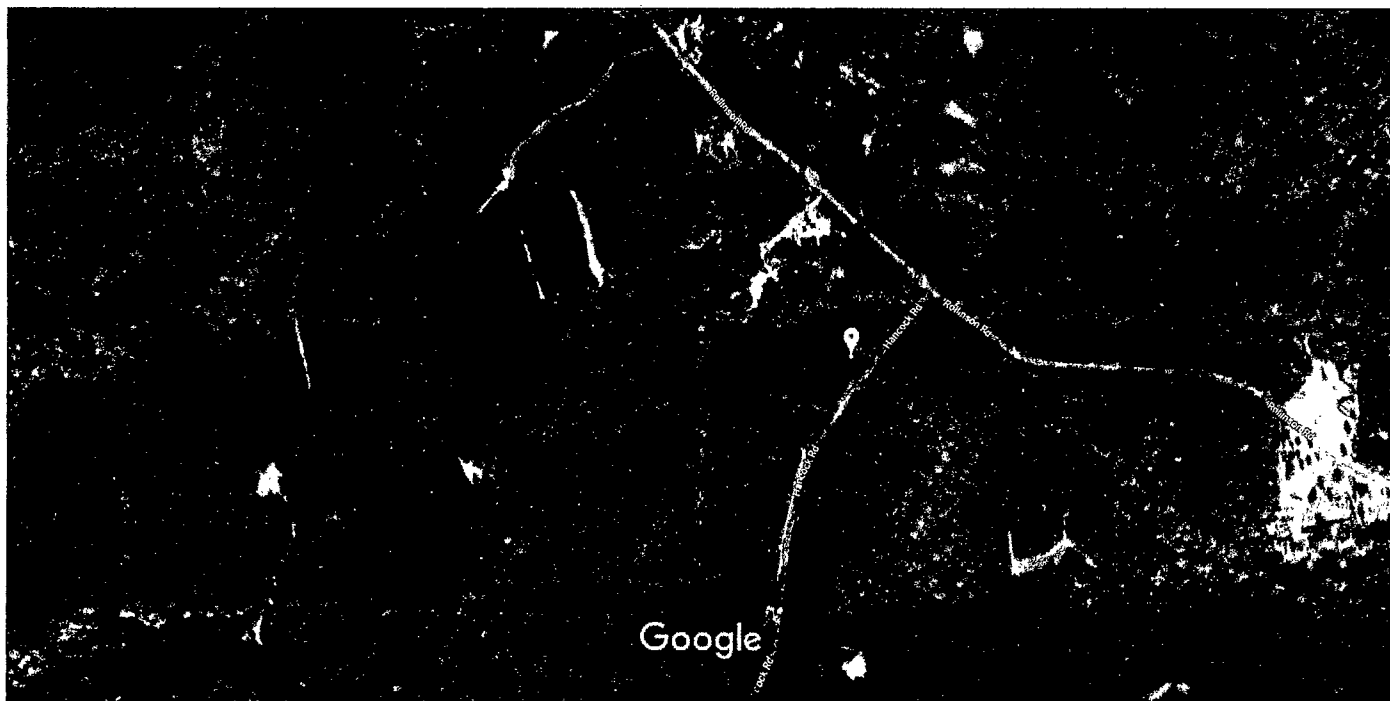
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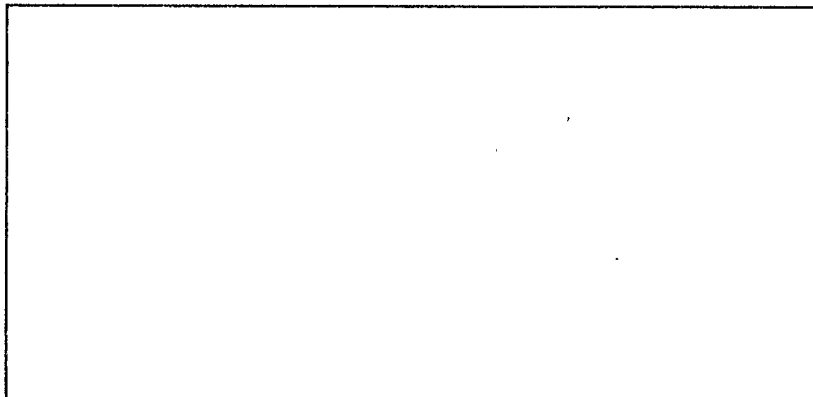
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B73

Google Maps 31°19'35.8"N 90°52'23.6"W



Imagery ©2017 Google, Map data ©2017 Google United States 200 ft



100' 100'
 50' 10' 70'
 BY OLWR

31°19'35.8"N 90°52'23.6"W

31.326607, -90.873233

Mark Parker,

200' 162' 190'

@1HP 8-22-17