

# 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)961-5555  
(601)961-5228 (fax)

439

### For Office Use Only:

Well #: B 76  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Amite

Permit #: \_\_\_\_\_

Driller: Fitzgerald Well Service

Date drilling completed: 7-12-19

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>Terry Temple</u>	Latitude: <u>31° 16' 55.7"</u> Longitude: <u>90° 51' 32.8"</u>
Mailing Address: <u>Busy Court Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Liberty</u> <u>MS</u>	<u>NW</u> ¼ <u>SE</u> ¼, Sec <u>25</u> T <u>4N</u> R <u>3E</u>
City _____ State _____ Zip Code _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

### Well / Borehole Data

Date drilling started: 7-12-19 Date drilling completed: 7-12-19 Hole depth: 160' 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 (check all applicable):  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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 90' feet  above or  below land surface (check one) Date measured: 7-12-19

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 160' Well grouted to a depth of: 10' feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 150' feet Casing diameter: 4" inches Type of casing: Pvc

Screen length: 10' feet Screen diameter: 4" inches Type of screen: AW

Screen slot size: .010 inches Setting depth: From 150' feet to 160' feet

Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

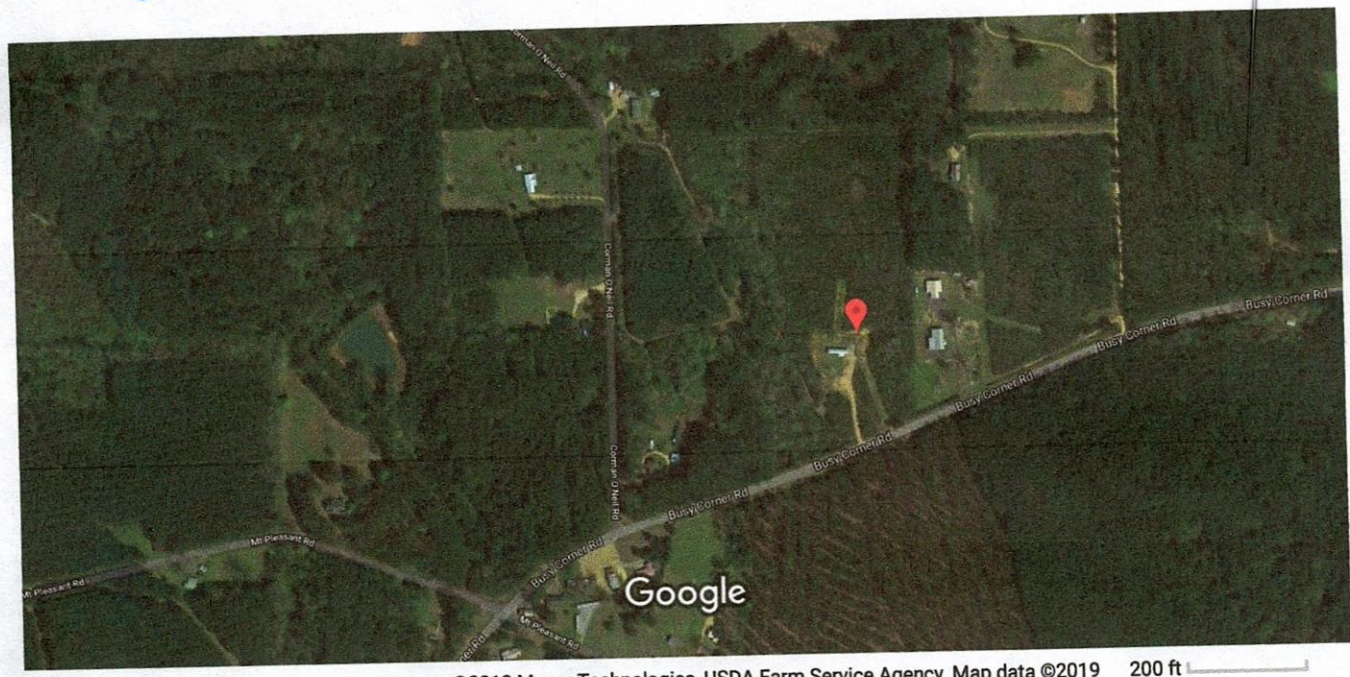
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

If telescoped or more than one screen, describe on next page

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Google Maps 31°16'55.7"N 90°51'32.8"W



Imagery ©2019 Maxar Technologies, USDA Farm Service Agency, Map data ©2019 200 ft

Terry Temple

7-12-19

Busy Corner Rd.

160'

90'

140'

3/4 HP.

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Images ©2019 Maxar Technologies, USDA Farm Service Agency, Map data ©2019

Tree Sample

2-13-19

Leaf samples

100

50

100

3/4 H.

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JAN 2 2019

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

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: E Fitzgerald well driller  
 Date completed: 7-12-19  
Copy information from block on Part 1

**For Office Use Only:**

Well #: B 76  
 Aquifer: \_\_\_\_\_

*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>Terry Temple</u>	Latitude: <u>31°16'55.7"</u> Longitude: <u>90°51'32.8"</u>
Mailing Address: <u>Buff Corner Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Liberty</u> City <u>ms</u> State      _____ Zip Code	<u>NW</u> ¼ <u>SE</u> ¼, Sec <u>25</u> T <u>4N</u> R <u>3E</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 7-12-19 Rated Pump Capacity: 12 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 3/4 Setting Depth: 140 feet Number of Stages: 12

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

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

Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (check one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Brian Fitzgerald 029 7-12-19 Brian Fitzgerald  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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STAFF WELL REPORT

Form with fields for Name, Address, and Phone Number.

Mississippi Department of Environmental Quality
Office of Land and Water Resources
Jackson, MS 39201

Form with fields for Date, Location, and other details.

The well shown on this report is located in a general water table contour or a general stream bedrock is shown on this report.

Form with fields for Well Name, Location, and other details.

Form with fields for Pump Type, Submersible, and other details.

Form with fields for Horse Power, Voltage, and other details.

Form with fields for Date Well Tested, Static Water Level, and other details.

Form with fields for Drawdown, Method of Measurement, and other details.

Form with fields for Well Yield, Motor Number, and other details.

Form with fields for Motor Type, Installation Date, and other details.

Form with fields for Is This Motor, and other details.

Form with fields for Name of Pump Installer and License No.