M-12-20-04

County: Amite 005

Permit #:

Driller: Fitzgerald Well Service

Date drilling completed: 12-8-04.

# 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 #: D-87

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**

Owner Name: Kevin Edwards

Mailing Address: Butler Rd.

Smithdale 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

__ ¼ __ ¼ Sec 1 Twn 4N Rng 5E

Distance 2 Miles Direction East of Smithdale.

**Well Data**

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

Date well drilling started: 12-8-04. Date well drilling completed: 12-8-04.

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

Static Water Level: 55' feet above or below (circle one) land surface Date measured: 12-8-04.

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

Hole depth: 118' Well depth: 118' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 108' 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 108' feet to 118' 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

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No pump set.

D-87

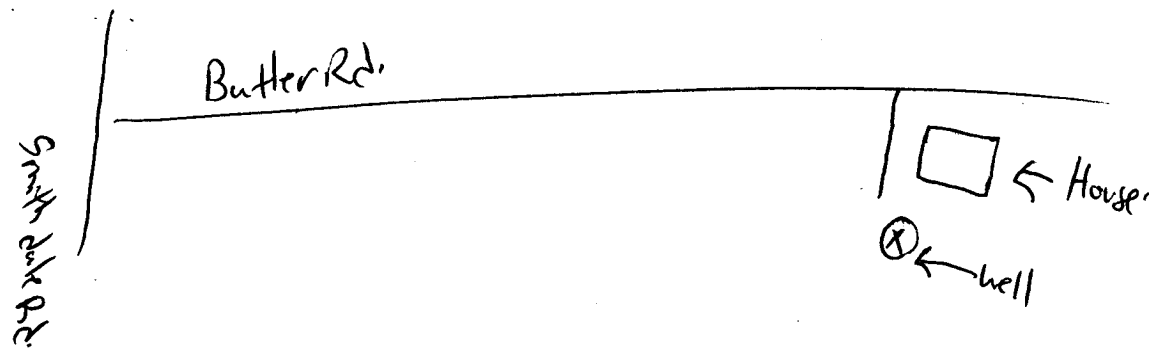
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---|---|---|
| Clay. | 0 | 30 |
| Sand + gravel. | 30 | 80 |
| Clay | 80 | 90 |
| Sand | 90 | 105 |
| course Sand. | 105 | 118 |

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

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.




Landowner Name: Kevin Edwards.

Bert Styold
Signature of Water Well Contractor

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