

# 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)

05

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Services  
 Date drilling completed: 8-6-04

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-51  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>Tom White</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>King 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>Liberty</u> <u>MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>3</u> Twn <u>3N</u> Rng <u>3E</u>
City State Zip Code	Distance <u>7</u> Miles Direction <u>NE</u> of Nearest Town <u>Glaston</u>
Telephone No. (____) _____	

**Well Data**

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

Date well drilling started: 8-6-04 Date well drilling completed: 8-6-04

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

Static Water Level: 20' feet above or below (circle one) land surface Date measured: 8-6-04

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

Hole depth: 160' Well depth: 160' Well grouted to a depth of 10' feet

Type of grout (circle one): 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: PVC

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

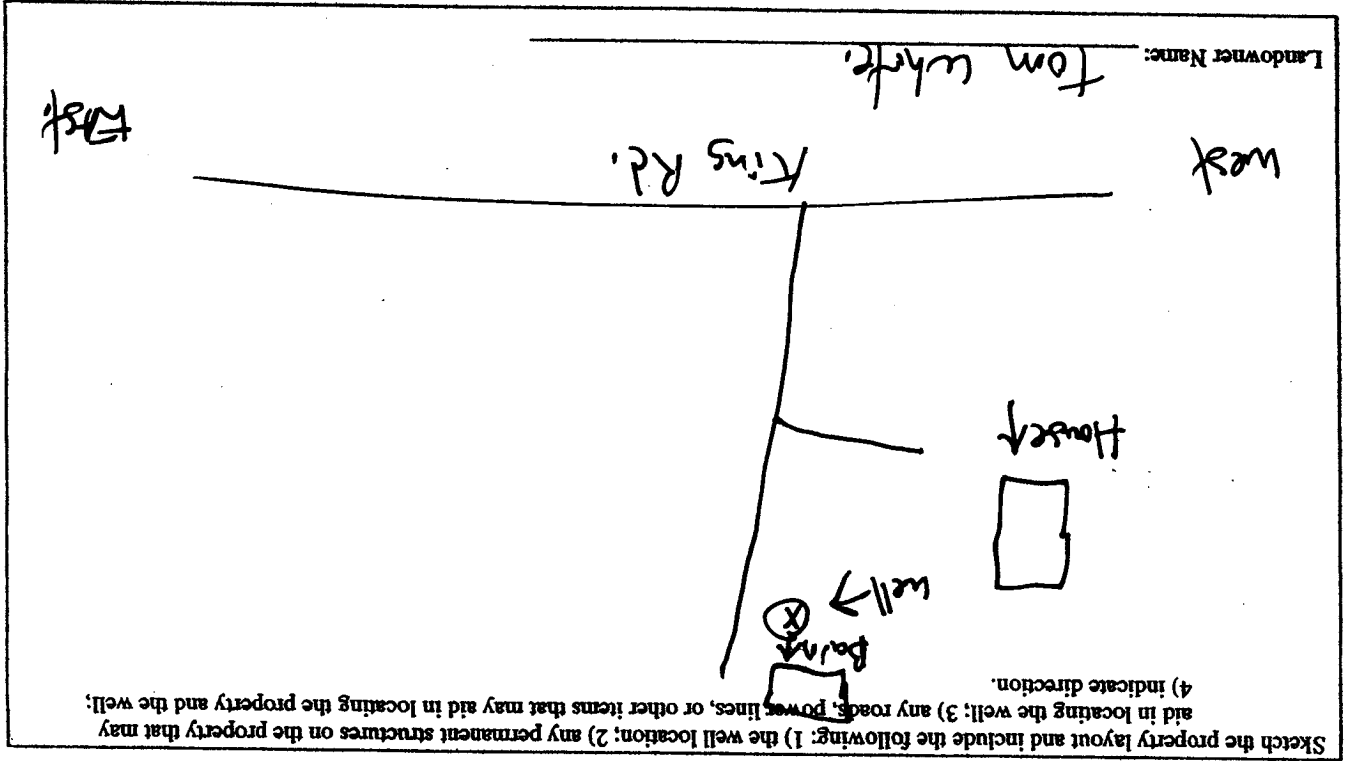
Brad Fitzgerald 029  
 Print Name of Water Well Contractor and License No.

Brad Fitzgerald RECEIVED  
 Signature of Water Well Contractor  
 AUG 20 2004

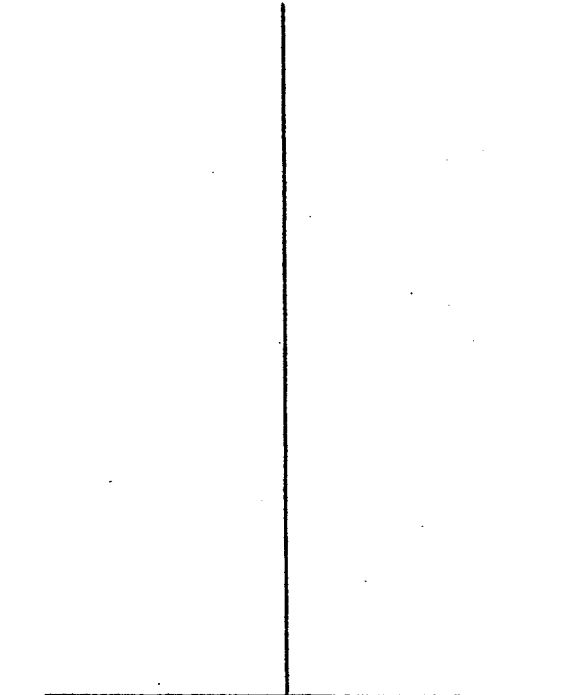
BY: OLWR

Signature of Well Contractor

*Bruce St. ...*



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



Description of Formations Encountered		From	To
Clay		0	20
fine sand		20	60
gravel		60	80
clay		80	110
sand		110	140
course sand		140	160

Ground Level G-51

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)

For Office Use Only:

Acquifer: \_\_\_\_\_

Well #: G-51

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

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Etzgerald Wellborn  
 Date completed: 8-6-04

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: Tom White, Kings Rd.  
 Mailing Address: \_\_\_\_\_

City: Liberty MS  
 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 Sec: 3 Twp: 3N Rng: 3E

Distance: \_\_\_\_\_ Miles NE of Gloster Nearest Town

### Pump Type

Circle one:  Submersible

Air Lift  Jet  Piston  Turbine

Bucket  Centrifugal  Rotary  Flowing Well

Date Pump Installed: 8-6-04  
 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

### Power Type

Circle one:  Diesel Engine  Gasoline Engine  Natural Gas

Electric Motor  Hand  Tractor PTO

Windmill  Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 1

Setting Depth: 110' feet

Number of Stages: 8

### 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:  Steel Tape  Air Line

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.

Print Name of Pump Installer and License No. (if applicable): Brad Etzgerald

Signature of Pump Installer: Brad Etzgerald

RECEIVED

BY: OLWR

AUG 20 2004