

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 #: G-52

L. S. Elevation: _____

E-log #: _____

County: Amite 225
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 8-23-04

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>David Beard</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Judge Rd.</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey,
<u>Liberty</u> <u>MS</u>	<input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>34</u> Twn <u>3N</u> Rng <u>3E</u>
Telephone No. () _____	Distance <u>6</u> Miles Direction <u>West</u> of Nearest Town <u>Liberty</u>

Well Data

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

Date well drilling started: 8-23-04 Date well drilling completed: 8-23-04

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

Static Water Level: 85' feet above or below (circle one) land surface Date measured: 8-23-04

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

Hole depth: 120' Well depth: 120' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110' 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 110' feet to 120' 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.

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

Beard Fitzgerald
Signature of Water Well Contractor

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AUG 26 2004

BY: OLWR

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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 Service
 Date completed: 8-23-04

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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: David Beard
 Mailing Address: Judge Rd
 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 34 Twn 3N Rng 3E
 Distance _____ Direction _____ Nearest Town _____
6 Miles west of Liberty

Pump Type

Circle one
 Air Lift _____ Jet Submersible
 Bucket _____ Piston _____ Turbine _____
 Centrifugal _____ Rotary _____ Flowing Well _____
 Other (specify): _____
 Date Pump Installed: 8-23-04
 Rated Pump Capacity: 12 Gallons Per Minute

Power Type

Circle one
 Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
 Electric Motor _____ Hand _____ Tractor PTO _____
 Windmill _____ Other (specify): 1/2
 Horse Power Rating of Motor: _____
 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
 Air Line _____ Electric Measuring Line Steel Tape _____
 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) David Fitzgerald 0264
 Signature of Pump Installer David Fitzgerald

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BY: OLWR