

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 10-2-06

**State Well Report**  
**Part 1 - Driller's Log**  
 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-057  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*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.*

<p align="center"><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Charles McNeil</u>          Mailing Address: <u>Bunyan Lane</u>  <u>Liberty</u> <u>ms</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: _____ Longitude: _____          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS          _____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>3N</u> Rng <u>3E</u>          Distance _____ Miles Direction <u>West</u> of Nearest Town <u>Liberty</u></p>
<p><b>Well / Borehole Data</b></p>	
<p>Date drilling started: <u>10-2-06</u> Date drilling completed: <u>10-2-06</u> Hole depth: <u>114'</u> Hole diameter: <u>7"</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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____          Name of organization running log(s): _____          Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____          Seismic Survey _____ Other (describe) _____</p> <p align="center"><i>If drilling is not related to water well construction, skip the remainder of this block</i></p>	
<p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____          If a flowing well, method of flow regulation: Valve _____ Other (describe) _____          Static Water Level: <u>66'</u> feet above or below (circle one) land surface Date measured: <u>10-2-06</u>          Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____          Well depth: <u>114'</u> Well grouted to a depth of <u>10'</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix          Casing length: <u>104'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>          Screen length: <u>10'</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>104'</u> feet to <u>114'</u> feet          Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole 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></p>	

Form: OLWR-SWR-1A

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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: 10-2-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G-56  
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>Charles McNeil</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Bunyan Lane</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Liberty</u> <u>MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>23</u> T <u>3N</u> R <u>3E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>West</u> of <u>Liberty</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>10-2-06</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tap</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Brad Fitzgerald 029 Brad Stysdal  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B  
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