

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
(601)961- 5210
(601)961- 5228 (fax)

County: Amite
Permit #: _____
Driller: Fitzgerald Well Serv
Date drilling completed: 6-28-11

For Office Use Only:
Acquirer: G. G. G.
Well #: _____
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jerry Toler</u>	Latitude: <u>31° 11' 9.6"</u> Longitude: <u>90° 51' 41"</u>
Mailing Address: <u>Compromise Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Liberty</u> MS	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NS 1/4 NW 1/4 Sec 36 Twn 3N Rng 3E</u>
Telephone No. ()	Distance Direction Nearest Town Miles of

Well / Borehole Data

Date drilling started: 6-28-11 Date drilling completed: 6-28-11 Hole depth: 103' 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 (circle all applicable): (No 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 one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

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

Static Water Level: 70' feet above or below (circle one) land surface Date measured: 6-28-11

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

Well depth: 103' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 93' 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 93' feet to 103' 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 next page**

Form: OLWR-SWR-1A (04/08)

RECEIVED

JUL 22 2011

BY: OLWR

BY: OLMW

JUL 2 2 2011

RECEIVED

Form: OLMW-SWR-45 (03/07)

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

Signature of Pump Installer: [Signature]

Print Name of Pump Installer and License No. (if applicable): Mad Fitzgall 029

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Air Line _____ Circle one

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

Pump Type

Air Lift _____ Circle one

Jet _____

Submersible _____

Bucket _____

Piston _____

Turbine _____

Flowing Well _____

Rotary _____

Centrifugal _____

Other (specify): _____

Date Pump Installed: 6-28-11

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Diesel Engine _____

Gasoline Engine _____

Natural Gas _____

Electric Motor _____

Hand _____

Tractor PTO _____

Windmill _____

Other (specify): _____

Horse Power Rating of Motor: 3/4

Setting Depth: 95 feet

Number of Stages: 12

Well Owner Information

Owner Name: Terry Toler

Mailing Address: Compton Rd

City: Liberty State: _____ Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 11' 9.6" Longitude: 90° 51' 41"

Method of Lat/Long (check one): Conventional Survey

USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____

Distance _____ Direction _____ of _____ Nearest Town _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

For Office Use Only:

Acquirer: _____

Well #: _____

Elevation: _____

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

(601)961-5210

(601)961-5228 (fax)

Copy information from block on Part 1

County: Amite

Permit #: _____

Driller: Fitzgall Well Serv

Date completed: 6-28-11