

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 39225-2309
(601)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: GT7
Aquifer: _____
E-Log #: _____

County: Amite
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 12-5-17

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Todd Knutson</u>	Latitude: <u>31° 11' 41.7"</u> Longitude: <u>90° 52' 21.7"</u>
Mailing Address: <u>Comprise Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Liberty</u> <u>MS</u> City State Zip Code	<u>NE 1/4 SE 1/4, Sec 26 T3N R3E</u>
Telephone No. (____) _____	____ Miles ____ of ____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>12-5-17</u> Date drilling completed: <u>12-5-17</u> Hole depth: <u>134'</u> Hole diameter: <u>8"</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 (check all applicable): <input checked="" type="checkbox"/> Log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>IAN 23 2018</u>
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>20'</u> feet <input type="checkbox"/> above or <input type="checkbox"/> below land surface Date measured: <u>12-5-17</u> (check one)
Method of measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>134'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>124'</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>124'</u> feet to <u>134'</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> 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>

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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:	
Well #:	677
Aquifer:	

County:	Amite
Permit #:	
Driller:	Fitzgerald Well Service
Date completed:	12-5-17
<i>Copy information from block on Part 1</i>	

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>Todd Knutson</u>	Latitude: <u>31° 11' 41.7"</u> Longitude: <u>90° 52' 21.2"</u>
Mailing Address: <u>Compromise Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad <u>NE 1/4 SE 1/4, Sec 26 T 3 N R 3E</u>
<u>Liberty</u> MS State Zip Code	<u> </u> Miles of <u> </u> (Distance) (Direction) (Nearest Town)
Telephone No. ()	

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):

Date Pump Installed: 12-5-17 Rated Pump Capacity: 12 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):

Horse Power Rating of Motor: 3/4 Setting Depth: 100 feet Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: Duration of Pump Test (minimum 4 hours): hours

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

Method of measurement (check one): Steel tape Electric tape Air line Other (describe):

Pump Test Data for Flowing Well

Measured shut in head: feet.

Well yielded GPM with a drawdown of feet after hours of pumping

Meter Installation

Meter Manufacturer: Meter Serial Number:

Meter Model Number/Name: Type of Meter:

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):

Installation Date: Meter installed by:

Is This Meter (check one): New Repaired Replacement

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Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

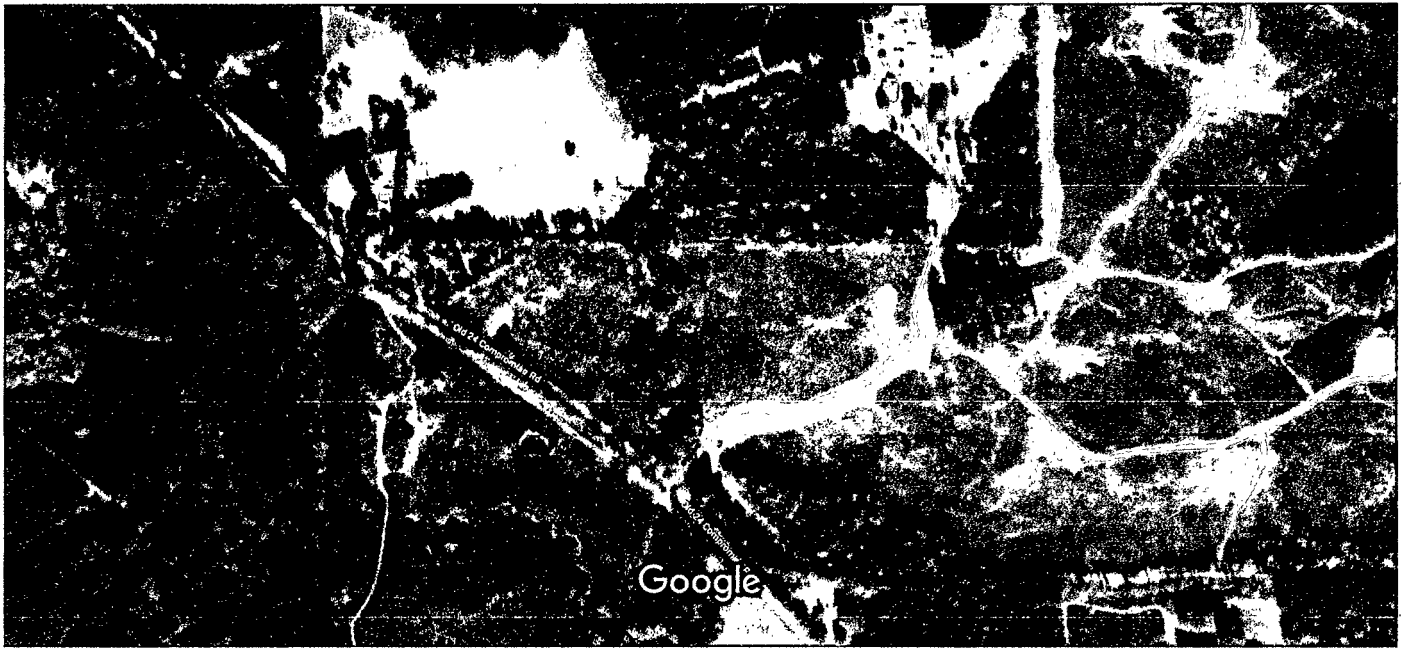
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Brad Fitzgerald 024 12-5-17 Brad Fitzgerald

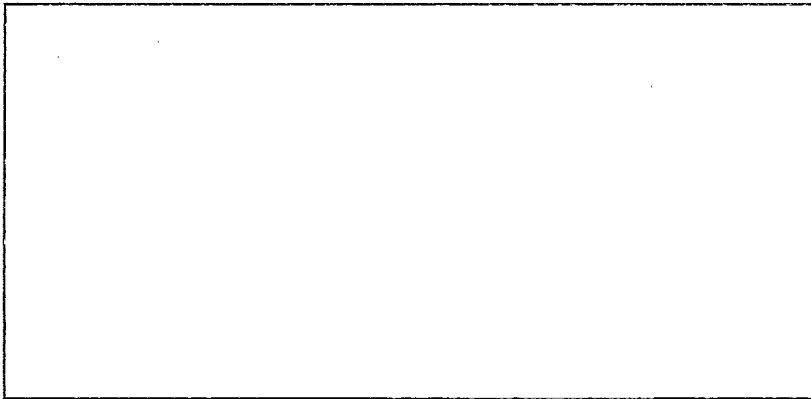
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

677

Google Maps 31°11'41.7"N 90°52'21.2"W



Imagery ©2018 Google, Map data ©2018 Google 200 ft



31°11'41.7"N 90°52'21.2"W

31.194920, -90.872542

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Todd Knutson

12-5-17

134-70-100-

3/4

Compliance Rd