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BY: OLWR

### 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: Anne  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 12-10-14

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G 78  
 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><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Charlie McWell</u>          Mailing Address: <u>Graves Chapel Rd</u>  <u>Liberty MS</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 11' 19.2"</u> Longitude: <u>90° 52' 1.3"</u>  <u>31-12-08</u> <u>90-53-02</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>NW 1/4 NW 1/4 Sec 26 Twn 3N Rng 3E</u>          Distance Direction Nearest Town          _____ Miles _____ of _____</p>
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**Well / Borehole Data**

Date drilling started: 12-10-14 Date drilling completed: 12-10-14 Hole depth: 130' 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: 75' feet above or below (circle one) land surface Date measured: 12-10-14

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

Well depth: 130' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120' 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 120' feet to 130' feet

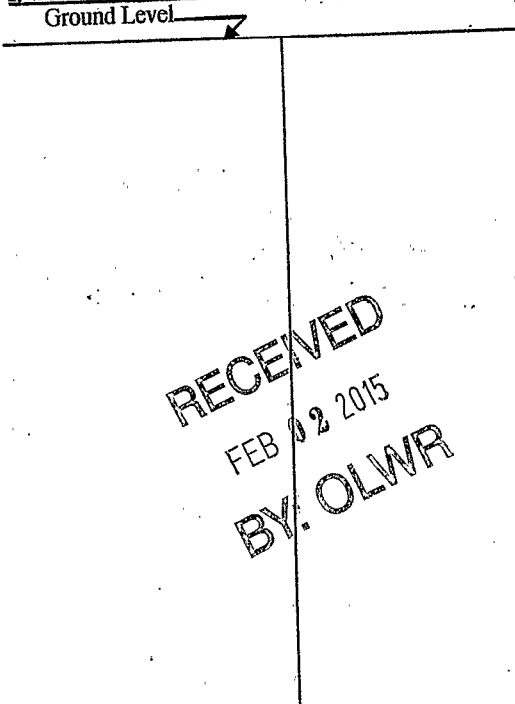
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. **If telescoped or more than one screen, describe on next page**

The sketch below only required for water wells

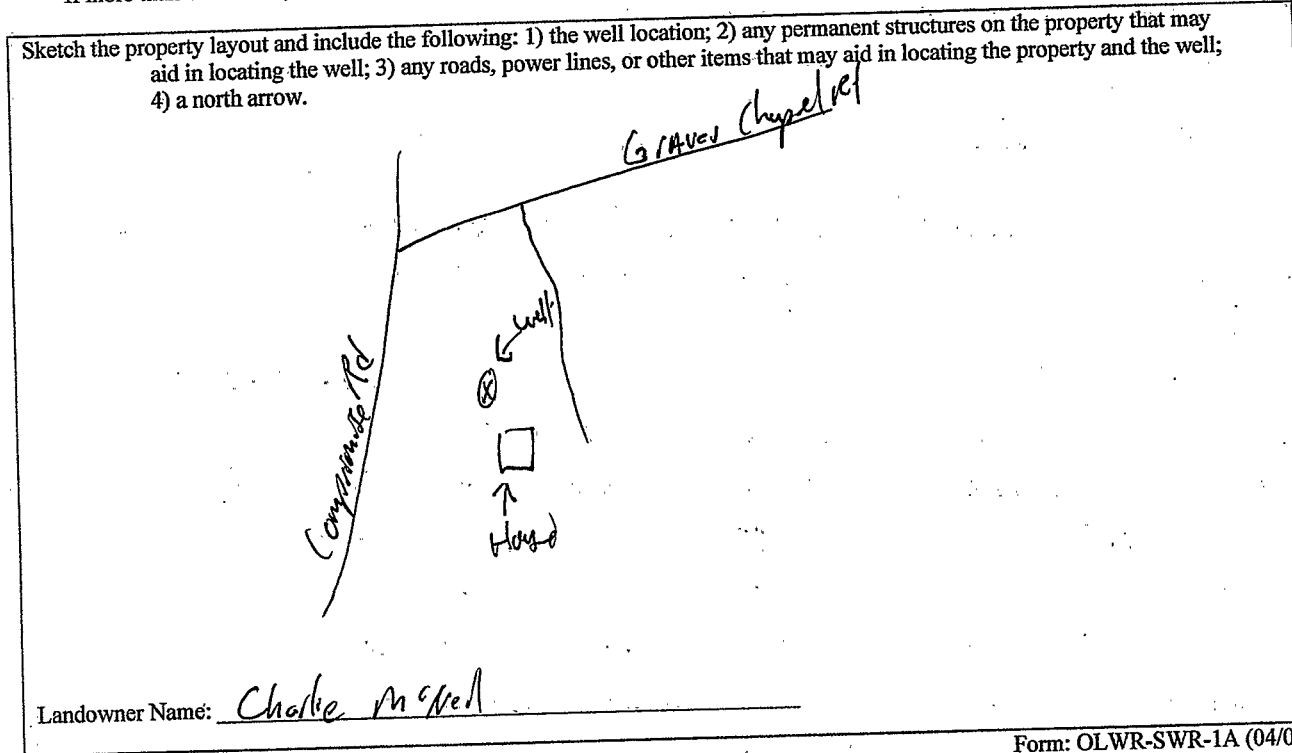
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
clay	0	20
sand	20	40
gravel	40	80
clay	80	100
sand	100	120
coarse sand	120	130

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



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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Brad Fitzgerald 029      12-10-14      Phil Hill  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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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 2309  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Service  
Date completed: 12-10-14  
*Copy information from block on Part 1*

For Office Use Only  
Aquifer: \_\_\_\_\_  
Well #: G78  
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>Charlie McNeill</u>			<u>31-12-08</u>	<u>90-53-02</u>	
Mailing Address: <u>Graves Chapel Rd</u>			Latitude: <u>31°11'19.2"</u>	Longitude: <u>90°52'13"</u>	
			Method of Lat/Long (check one): Conventional Survey _____		
			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>Luberly</u>	<u>MS</u>		<u>NW 1/4 NW 1/4 Sec 26 T3N R3E</u>		
City	State	Zip Code			
Telephone No. ( ) _____			Distance _____ Miles	Direction _____ of	Nearest Town _____

Pump Type			Power Type		
Circle one			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>12-10-14</u>			Setting Depth: <u>120</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
Static Water Level (A): _____ Feet Below Land Surface		<u>Steel Tape</u>	
Pumping Water Level (B): _____ Feet Below Land Surface		Other (specify): _____	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Test Pumping Rate: _____ Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Duration of Pump Test (minimum 4 hours): _____ hours			

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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Bill Fitzgerald 029 12-10-14  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer