

# 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)

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Services  
Date drilling completed: 3-14-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: H-67  
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>Louis Theriot</u>	Latitude: <u>31° 13' 49.3"</u> Longitude: <u>90° 50' 12.3"</u>
Mailing Address: <u>Freeman Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Smithdale</u> <u>ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 18 Twn 32 Rng 4E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town _____ Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 3-14-08 Date drilling completed: 3-14-08 Hole depth: 220' 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: 90' feet above or below (circle one) land surface Date measured: 3-14-08

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

Well depth: 220' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 210' 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 210' feet to 220' 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

RECEIVED  
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BY: OLWR



Form: OLWR-SWR-1B

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) Brad Fitzgerald  
 Signature of Pump Installer Brad Fitzgerald

<b>Pump Test Data</b> 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	<b>Method of Measuring Water Level</b> Air Line _____ Electric Measuring Line _____ Circle one <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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<b>Pump Type</b> Circle one Air Lift _____ Bucket _____ Centrifugal _____ Other (specify): _____ Date Pump Installed: <u>3-14-08</u> Rated Pump Capacity: _____ Gallons Per Minute	<b>Power Type</b> Circle one Diesel Engine _____ Gasoline Engine _____ Hand _____ Tractor PTO _____ Natural Gas _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>120</u> feet Number of Stages: <u>12</u>
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<b>Well Owner Information</b> Owner Name: <u>Lous Therish</u> Mailing Address: <u>Fitzman Rd</u> City: <u>Smithdale MS</u> State: _____ Zip Code: _____ Telephone No. ( ) _____	<b>Well Location</b> Latitude: <u>30° 13' 49.3"</u> Longitude: <u>90° 50' 12.8"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ Distance _____ Miles Direction _____ Nearest Town _____ of _____
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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.

Copy information from block on Part 1

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date completed: 3-14-08

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 Office of Land and Water Resources  
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Part 2  
 STATE WELL REPORT

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H-67  
 Elevation: \_\_\_\_\_