

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 #: H-69
L. S. Elevation: _____
E-log #: _____

County: Amite
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 3-2-09

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>Burnette Bates</u>	Latitude: <u>31° 02' 16.7"</u> Longitude: <u>90° 45' 44.5"</u>
Mailing Address: <u>Hwy 569</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>SE 1/4 SW 1/4 Sec 24 Twn 3N Rng 4E</u>
Telephone No. (____) _____	Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____

Well / Borehole Data

Date drilling started: 3-2-09 Date drilling completed: 3-2-09 Hole depth: 200' 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: 3-2-09

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

Well depth: 200' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 190' 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 190' feet to 200' 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

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BY: OLWR

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)

For Office Use Only:

Aquifer: _____

Well #: H-29

Elevation: _____

County: Amf

Permit #: _____

Driller: Eitzgerald Well Serv.

Date completed: 3-2-09

Copy information from block on Part 1

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

Owner Name: Bonnie Bates

Mailing Address: Hwy 569

City: Liberty State: MS Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 12' 11.7" Longitude: 90° 45' 44.5"

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

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

Distance _____ Miles _____ of _____

Direction _____ Nearest Town _____

1/4 _____ 1/4 Sec _____ T _____ R _____

Power Type Diesel Engine Gasoline Engine Electric Motor Hand Tractor PTO Natural Gas

Circle one

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 _____ Electric Measuring Line Steel Tape

Circle one

For flowing well, measured shut in head: _____ feet

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

Pump Type

Circle one

Air Lift Jet Piston Turbine Submersible

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 3-2-09

Rated Pump Capacity: _____ Gallons Per Minute

Number of Stages: 8

Setting Depth: 120 feet

Horse Power Rating of Motor: 1/2

Windmill _____ Other (specify): _____

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 _____ Electric Measuring Line Steel Tape

Circle one

For flowing well, measured shut in head: _____ feet

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

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 Eitzwald 009

Signature of Pump Installer _____

RECEIVED
 Form: OLWR-SWB-1B
 MAR 2 5 2009
 BY: OLWR