

# STATE WELL REPORT

383

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 9-3-19

**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 #: H 80  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Thomas Jackson</u>		Latitude: <u>30° 15' 23.6"</u>	Longitude: <u>90° 50' 49.3"</u>
Mailing Address: <u>Hwy 567</u>		Method of Lat/Long (check one): Conventional Survey _____	
		USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Liberty</u>	<u>MS</u>	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>6</u> T <u>3N</u> R <u>4E</u>	
City	State	Miles _____ of _____	
Telephone No. (____) _____	Zip Code	(Distance) (Direction) (Nearest Town)	

**Well / Borehole Data**

Date drilling started: 9-3-19 Date drilling completed: 9-3-19 Hole depth: 148' 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 (check all applicable): ☒ 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 all applicable): ☒ Home ☐ Industrial ☐ Public Supply ☐ Irrigation ☐ Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 80' feet ☐ above or ☐ below land surface (check one) Date measured: 9-3-19

Method of measurement (check one): ☒ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): \_\_\_\_\_

Well depth: 148' Well grouted to a depth of: 10' feet Type of grout (check one): ☒ Neat Cement ☐ Bentonite ☐ Mix

Casing length: 138' 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 138' feet to 148' feet

Type of completion (check all applicable): ☒ Gravel packed ☐ Underreamed ☐ Open hole ☐ Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

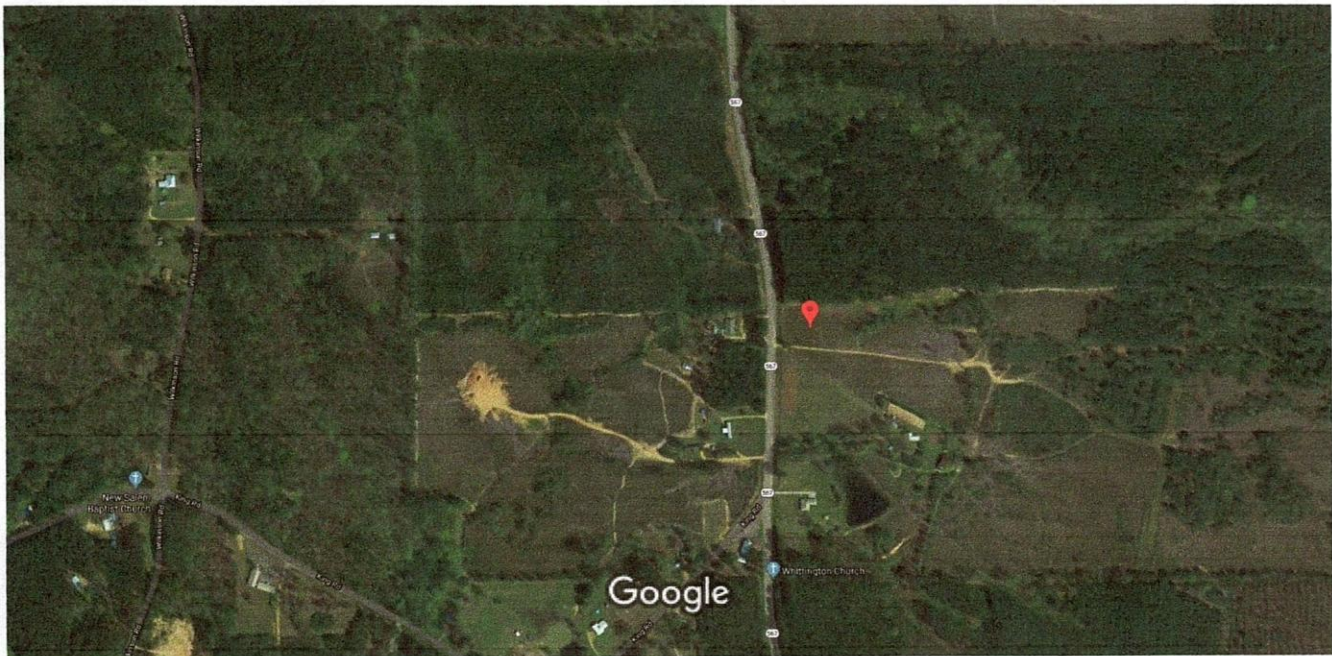
*If telescoped or more than one screen, describe on next page*

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Google Maps 31°15'23.6"N 90°50'49.3"W



Imagery ©2020 Maxar Technologies, USDA Farm Service Agency, Map data ©2020 200 ft

Thomas Jackson

9-3-19

Hay 567 Liberty

148'

80'

100'

3/4

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

### For Office Use Only:

Well #: H 80  
Aquifer: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Service  
Date completed: 9-3-19  
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		Well Location	
Owner Name: <u>Thomas Jackson</u>		Latitude: <u>31°15'23.6"</u>	Longitude: <u>90°50'49.3"</u>
Mailing Address: <u>Hwy 567</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Liberty</u> City	<u>MS</u> State	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>6</u> T <u>3N</u> R <u>4E</u>	
Telephone No. ( ) _____	Zip Code _____	Miles _____ of _____ (Distance) (Direction) (Nearest Town)	

**Pump Type (check one)**  
Submersible ☒ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): \_\_\_\_\_  
Date Pump Installed: 9-3-19 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

**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.

Brian Fitzgerald 029 9-3-19 Ruf  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer