

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 Service
Date drilling completed: 10-19-07

For Office Use Only:
Aquifer: _____
Well #: J-70
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>Rick Bewley</u>	Latitude: <u>31° 13' 43.5"</u> Longitude: <u>90° 40' 13.1"</u>
Mailing Address: <u>Hebron Rd</u>	Method of Lat/Long (circle one): <u>43</u> Conventional Survey, <u>01</u>
<u>East Fork ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4</u> Sec <u>18</u> Twn <u>3N</u> Rng <u>5E</u>
Telephone No. ()	Distance Direction Nearest Town Miles of

Well / Borehole Data

Date drilling started: 10-19-07 Date drilling completed: 10-19-07 Hole depth: 90' Hole diameter: 2"

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: 10' feet above or below (circle one) land surface Date measured: 10-19-07

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

Well depth: 90' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80' 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 80 feet to 90' 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-SWB-1A
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BY: OLWR

BY: OLWR

OCT 26 2007

RECEIVED

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): Bird Fitzgerald 029

Signature of Pump Installer: Bird Fitzgerald

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

Circle one

Air Line _____ Electric Measuring Line _____ Steel Tape

Other (specify): _____

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 _____ Submersible

Bucket _____ Piston _____ Turbine _____

Centrifugal _____ Rotary _____ Flowing Well _____

Other (specify): _____

Date Pump Installed: 10-18-07

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Diesel Engine _____ Gasoline Engine _____ Natural Gas _____

Hand _____ Electric Motor _____

Windmill _____ Other (specify): _____

Horse Power Rating of Motor: 1/2

Setting Depth: 50 feet

Number of Stages: 8

Well Owner Information

Owner Name: Rick Beulin

Mailing Address: Hebron Rd

City: Eastport ms State: _____ Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 13' 43.5" Longitude: 50° 46' 1.3"

Method of Lat/Long (check one): Conventional Survey _____ USGS quad, Hand-held GPS, Survey-grade GPS _____

Distance _____ Direction _____ Nearest Town _____

Miles _____ of _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

For Office Use Only:

Aquifer: _____

Well #: J-10

Elevation: _____

Mississippi Department of Environmental Quality
 Pump Installer's Completion Report
 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 completed: 10-19-07

Copy information from block on Part I

STATE WELL REPORT

Part 2