

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: Amite
Permit #: _____
Driller: Fitzgerald Well Serv
Date drilling completed: 4-25-11

For Office Use Only:
Aquifer: J80
Well #: _____
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>Ayre Bourgeois</u>	Latitude: <u>31° 13' 6.1"</u> Longitude: <u>90° 41' 7.4"</u>
Mailing Address: <u>well 5 Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>06</u> <u>01</u>
<u>Liberty</u> <u>ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW</u> <u>SW</u> <u>SW</u> <u>SW</u> 1/4 Sec <u>14</u> Twn <u>3N</u> Rng <u>5E</u>
Telephone No. ()	Distance Direction Nearest Town

Well / Borehole Data

Date drilling started: 4-25-11 Date drilling completed: 4-25-11 Hole depth: 70' 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: 36' feet above or below (circle one) land surface Date measured: 4-25-11

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

Well depth: 70' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60' feet Casing diameter: 4 1/2 inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4 1/2 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 60' feet to 70' 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-10-2011

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MAY 20 2011

BY: OLWR

BY: OLWR

MAY 2 0 2011

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Signature of Licensee

[Handwritten Signature]

Date

4-25-11

Print Name of Responsible Licensee and License No.

Brad Fitzsimmons 029

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.

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

Landowner Name: Agre Bourgeois

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

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

Description of Formations Encountered	From (depth)	To (depth)
Clay	0	22
Gravel	22	40
Sand	40	60
(unbedded)	60	76

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

If well telescopes, show depths on sketch.

The sketch below only required for water wells

580

BY: OLMR
MAY 20 2011

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Signature of Pump Installer: [Signature]
 Print Name of Pump Installer and License No. (if applicable): Brad Fitzgerald 029

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

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
 Steel Tape
 Air Line
 Electric Measuring Line
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Pump Type
 Circle one
 Submersible
 Air Lift
 Jet
 Piston
 Turbine
 Bucket
 Centrifugal
 Rotary
 Flowing Well

Well Information
 Rated Pump Capacity: _____ Gallons Per Minute
 Date Pump Installed: 4-25-11
 Other (specify): _____

Power Type
 Circle one
 Diesel Engine
 Gasoline Engine
 Natural Gas
 Tractor PTO
 Hand
 Electric Motor
 Windmill
 Other (specify): _____

Horse Power Rating of Motor: 1 1/2
 Setting Depth: 60 feet
 Number of Stages: _____

Well Owner Information
 Owner Name: Hughie Bourgeois
 Mailing Address: Liberty MS
 City: _____ State: _____ Zip Code: _____
 Telephone No. () _____

Well Location
 Latitude: 31° 13' 6.1" Longitude: 90° 41' 21"
 Method of Lat/Long (check one): Conventional Survey
 Hand-held GPS
 Survey-grade GPS
 USGS quad _____
 Distance _____ Miles of _____ Direction _____
 Nearest Town _____

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.

For Office Use Only:
 Aquifer: _____
 Well #: _____
 Elevation: _____

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: Brad Fitzgerald
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 Copy information from block on Part 1