

# State Well Report

## Part 1

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, Inc.

Date drilling completed: 12-13-04

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: K-92

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>B. J. Nettles</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>B. Isaac Rd.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Summit</u> MS City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>24</u> Twn <u>3N</u> Rng <u>6E</u>
Telephone No. (____) _____	Distance <u>5</u> Miles Direction <u>West</u> of Nearest Town <u>M'Comb</u>

**Well Data**

Purpose of Well (circle one):  Industrial  Public Supply  Irrigation  Fish Culture  Other: Poultry House

Date well drilling started: 12-13-04 Date well drilling completed: 12-13-04

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

Static Water Level: 75' feet above or below (circle one) land surface Date measured: 12-13-04

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

Hole depth: 125' Well depth: 125' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite  Mix

Casing length: 105' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 0 1/16" inches Setting depth: From 105' feet to 125' 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 back of page

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Brad Fitzgerald 029  
Print Name of Water Well Contractor and License No.

Beard Styzal  
Signature of Water Well Contractor

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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 #: K-9a  
 Elevation: \_\_\_\_\_

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Etzgerald Well Service  
 Date completed: 12-13-04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information Owner Name: <u>Bill Nettles</u> Mailing Address: <u>B. J. Sasser Rd.</u> City: <u>Sumner MS</u> State: _____ Zip Code: _____ Telephone No. ( ) _____	
Well Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Distance Direction Nearest Town <u>5</u> Miles <u>West</u> of <u>Comb</u>	

Pump Type Circle one Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Other (specify): _____ Date Pump Installed: <u>12-13-04</u> Rated Pump Capacity: _____ Gallons Per Minute
Power Type Circle one Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>3</u>	Setting Depth: <u>110'</u> feet Number of Stages: _____

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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/> 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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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  
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DEC 22 2004  
 BY: OLWFB