

# 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: Integrall Well Service  
Date drilling completed: 6/5/06

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: K-102  
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>Buddy Reeves</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Middle Glading Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Liberty</u> <u>MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>3N</u> Rng <u>6E</u>
Telephone No. (____) _____	Distance <u>11</u> Miles <u>East</u> of <u>Liberty</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>6/5/06</u> Date drilling completed: <u>6/5/06</u> Hole depth: <u>106'</u> Hole diameter: <u>8"</u>	
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): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<b>If drilling is not related to water well construction, skip the remainder of this block</b>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>39</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6/5/06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>106'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>96</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.012</u> inches Setting depth: From <u>96</u> feet to <u>106</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <b>If telescoped or more than one screen, describe on next page</b>	

Form: OLWR-SWR-1A

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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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: K-102  
Elevation: \_\_\_\_\_

Copy information from back on Part 1

Date completed: \_\_\_\_\_

Driller: Fitzgerald Well Service

Permit #: \_\_\_\_\_

County: Amite

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: Buddy Rowser

Mailing Address: Middle Glading Rd.

City: Liberty MS  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

### Well Location

Latitude: \_\_\_\_\_

Method of Lat/Long (check one):  Conventional Survey \_\_\_\_\_  
 Hand-held GPS \_\_\_\_\_  
 Survey-grade GPS \_\_\_\_\_

USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_

Distance \_\_\_\_\_ Direction \_\_\_\_\_  
Miles East of Liberty \_\_\_\_\_  
Nearest Town \_\_\_\_\_

### Pump Type

Circle one

Air Lift:  Jet  Submersible   
Bucket:  Turbine  Piston   
Centrifugal:  Rotary  Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 6-5-06

Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

### Power Type

Circle one

Diesel Engine:  Gasoline Engine:  Hand Tractor PTO:   
Electric Motor:  Windmill:  Other (specify): 1/2

Horse Power Rating of Motor: \_\_\_\_\_

Setting Depth: 90 feet

Number of Stages: 8

### 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

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_

Brad Fitzgerald 029

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Signature of Pump Installer

Brad Fitzgerald

Form: OLWR-SWR-1B

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