

Form: OLWR-SWR-1A

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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

Type of completion (circle all applicable): Gravel packed Underrammed Telescoped Open hole Natural Development

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Screen length: \_\_\_\_\_ feet Screen diameter: \_\_\_\_\_ inches Type of screen: PC

Casing length: \_\_\_\_\_ feet Casing diameter: \_\_\_\_\_ inches Type of casing: PC

Well depth: \_\_\_\_\_ feet Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix

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

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: 1-23-09

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

Purpose of Well (check one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  Seismic Survey  Other (describe) \_\_\_\_\_

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

Name of organization running logs: \_\_\_\_\_

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Location of the source of any surface water used for drilling: \_\_\_\_\_

Date drilling started: 1-23-09 Date drilling completed: 1-23-09 Hole depth: 95' Hole diameter: 8"

**Well / Borehole Data**

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: Petty Mills

Owner Name: Petty Mills

*(Landowner if borehole is not for a water well)*

Latitude: 31° 11' 12.8" Longitude: 90° 38' 33.1" Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS

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

NE 1/4 Sec 31 Twn 3N Rng 6E

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.

For Office Use Only:

Aquifer: K-109

Well #: \_\_\_\_\_

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

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

**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 #: \_\_\_\_\_

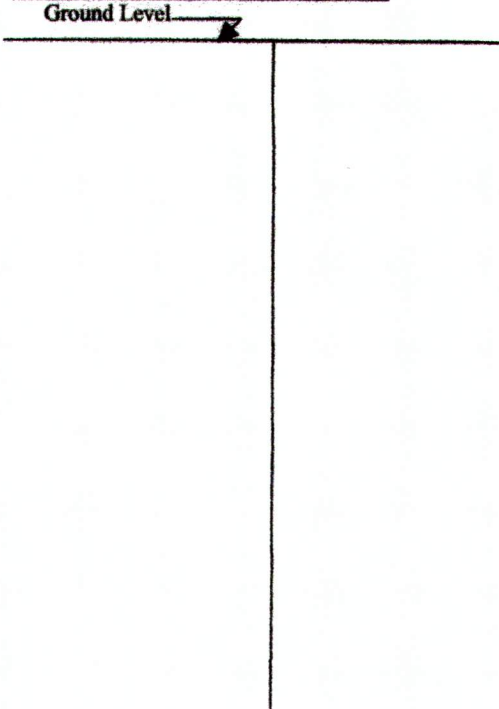
Driller: Fitzgerald Well Service

Date drilling completed: 1-23-09

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
|                                       | Ground Level |            |
| clay                                  | 0            | 20         |
| sand                                  | 20           | 40         |
| gravel                                | 40           | 60         |
| clay                                  | 60           | 70         |
| sand                                  | 70           | 80         |
| coarse sand                           | 80           | 95         |
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If more than one screen, show location of each on sketch

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.

Landowner Name: Delton Wells

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.

Print Name of Responsible Licensee and License No. Brad Fitzgerald 029 Date 1-23-09 Signature of Licensee Brad Fitzgerald

Form: OLWR-SWR-1A

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FEB 19 2009  
BY: OLWR

RECEIVED  
 FEB 19 2009  
 BY: OLWR

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) Bruce Fitzgerald 039  
 Signature of Pump Installer *Bruce Fitzgerald*

|   |  |
|---|--|
| <b>Pump Test Data</b><br>Date Well Tested: _____<br>Static Water Level (A): _____ Feet Below Land Surface<br>Pumping Water Level (B): _____ Feet Below Land Surface<br>Drawdown [(B) - (A)]: _____ Feet Below Land Surface<br>Test Pumping Rate: _____ Gallons Per Minute<br>Duration of Pump Test (minimum 4 hours): _____ hours | <b>Method of Measuring Water Level</b><br>Air Line _____<br>Electric Measuring Line _____<br>Steel Tape _____<br>Circle one<br>Other (specify): _____<br>For flowing well, measured shut in head: _____ feet<br>Well yielded _____ GPM with a drawdown of _____<br>feet after _____ hours of pumping |
|---|--|

|   |   |
|---|---|
| <b>Pump Type</b><br>Circle one<br>Air Lift _____<br>Bucket _____<br>Centrifugal _____<br>Other (specify): _____<br>Date Pump Installed: <u>1-23-09</u><br>Rated Pump Capacity: _____ Gallons Per Minute | <b>Power Type</b><br>Circle one<br>Diesel Engine _____<br>Gasoline Engine _____<br>Natural Gas _____<br>Hand _____<br>Tractor PTO _____<br>Windmill _____<br>Other (specify): _____<br>Horse Power Rating of Motor: <u>1/2</u><br>Setting Depth: <u>80</u> feet<br>Number of Stages: <u>8</u> |
|---|---|

|  |  |
|--|--|
| <b>Well Owner Information</b><br>Owner Name: <u>Delton Wells</u><br>Mailing Address: <u>Liberty Mills Rd</u><br>City <u>ms</u> State _____ Zip Code _____<br>Telephone No. ( ) _____ | <b>Well Location</b><br>Latitude: <u>31° 11' 12.8"</u> Longitude: <u>90° 38' 33.1"</u><br>Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____<br>Distance _____ Miles of _____<br>Direction _____ Nearest Town _____ |
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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 #: K-109  
 Elevation: \_\_\_\_\_

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)

Copy information from block on Part 1  
 County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald, Well Service  
 Date completed: 1-23-09

STATE WELL REPORT