

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Waldner  
 Date drilling completed: 8-27-09

### 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)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: K 114  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Marvin Morrison</u>        Mailing Address: <u>Brown Rd.</u>  <u>Smithdale MS</u>        City State Zip Code        Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 13' 36.2"</u> Longitude: <u>90° 37' 39.5"</u>  <small>36 39</small>        Method of Lat/Long (circle one): Conventional Survey        USGS quad, Hand-held GPS, Survey-grade GPS  <u>SE ¼ NW ¼ Sec 17 Twn 3N Rng 6E</u>        Distance Direction Nearest Town        Miles of _____</p>
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**Well / Borehole Data**

Date drilling started: 8-27-09 Date drilling completed: 8-27-09 Hole depth: 102' 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: 72' feet above or below (circle one) land surface Date measured: 8-27-09

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

Well depth: 102' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 92' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 92' feet to 102' 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-SWR-1A

RECEIVED  
 SEP 21 2009  
 BY: OLWR



Form: OLWR-SWR-1B

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 049*

<p><b>Pump Test Data</b></p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p><b>Method of Measuring Water Level</b></p> <p>Air Line _____</p> <p>Electric Measuring Line _____</p> <p>Steel Tape <u>Circle one</u></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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<p><b>Pump Type</b></p> <p>Circle one</p> <p>Air Lift _____</p> <p>Bucket _____</p> <p>Centrifugal _____</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <i>8-27-09</i></p> <p>Rated Pump Capacity: _____ Gallons Per Minute</p>	<p><b>Power Type</b></p> <p>Circle one</p> <p>Natural Gas _____</p> <p>Tractor PTO _____</p> <p>Hand _____</p> <p>Gasoline Engine _____</p> <p>Diesel Engine _____</p> <p>Electric Motor <u>Circle one</u></p> <p>Windmill _____</p> <p>Other (specify): _____</p> <p>Horse Power Rating of Motor: <i>3/4</i></p> <p>Setting Depth: <i>100'</i> feet</p> <p>Number of Stages: <i>12</i></p>
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<p><b>Well Owner Information</b></p> <p>Owner Name: <i>Marvin Mollison</i></p> <p>Mailing Address: <i>Down Rd</i></p> <p>City: <i>Smithdale ms</i></p> <p>State: _____ Zip Code: _____</p> <p>Telephone No. ( ) _____</p>	<p><b>Well Location</b></p> <p>Latitude: <i>31° 13' 36.2"</i> Longitude: <i>90° 37' 39.5"</i></p> <p>Method of Lat/Long (check one): <u>Conventional Survey</u></p> <p>USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____</p> <p>Distance _____ Direction _____ Nearest Town _____</p> <p>Miles _____ of _____</p>
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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 I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Copy information from block on Part I

County: *Amite*

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

Driller: *Fitzgerald Well Services*

Date completed: *8-27-09*

**Part 2**

**STATE WELLS REPORT**

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 #: *R114*

Elevation: \_\_\_\_\_