

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 Service
Date drilling completed: 4-21-11

For Office Use Only:
Aquifer: K 124
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>Jason Edwards</u>	Latitude: <u>31° 15' 16.5"</u> Longitude: <u>90° 35' 20.9"</u> <u>16</u> <u>21</u>
Mailing Address: <u>Thompson Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Smithdale Ms.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 3 Twn 3N Rng 6E</u>
Telephone No. ()	Distance Direction Nearest Town Miles of

Well / Borehole Data

Date drilling started: 4-21-11 Date drilling completed: 4-21-11 Hole depth: 106' 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: 46' feet above or below (circle one) land surface Date measured: 4-21-11

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

Well depth: 106' Well grouted to a depth of 10' feet Type of grout (circle one): Neaf Cement Bentonite Mix

Casing length: 96' 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 96' feet to 106' 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 (04/08)

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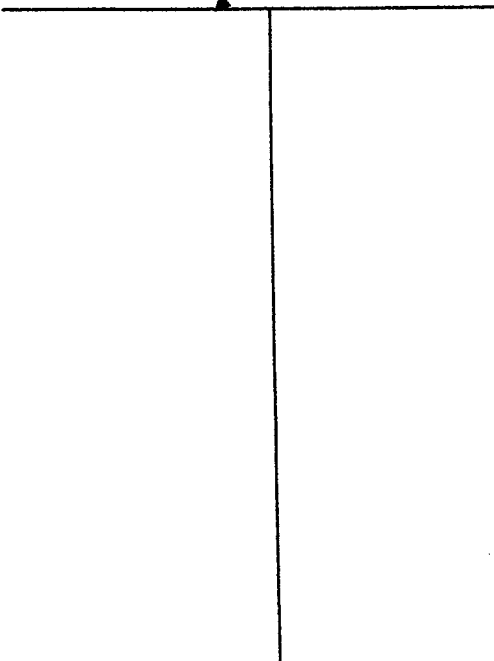
BY: OLWR

K124

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
gravel	20	60
clay	60	80
sand	80	90
curly sand	90	100

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: Jason Edwards

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

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.

Brad Fitzgerald .029. 4-21-11 Red Styd

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____

Well #: _____

Elevation: _____

County: Rankin

Permit #: _____

Driller: Fitzgerald Well Service

Date completed: 4-21-11

Copy information from block on Part 1

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: Tyson Edwards

Mailing Address: Thompson Rd

City: Smithdale ms

State: _____ Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 15' 16.5" Longitude: 90° 35' 20.9"

Method of Lat/Long (check one): Conventional Survey _____

Hand-held GPS Survey-grade GPS

USGS quad _____

Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____

Pump Type

Circle one

Submersible

Jet

Air Lift

Bucket

Piston

Turbine

Flowing Well

Rotary

Centrifugal

Other (specify): _____

Date Pump Installed: 4-21-11

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Diesel Engine

Gasoline Engine

Natural Gas

Tractor PTO

Hand

Electric Motor

Windmill

Other (specify): _____

Horse Power Rating of Motor: 1/2

Setting Depth: 80 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

Steel Tape

Air Line

Electric Measuring Line

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one):

New Well

Replacement of Existing Pump

Repair of Existing Pump

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 Edwards 029

Form: OLWR-SWR-1C (07-09)

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