

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: K131
Aquifer: _____
E-Log #: _____

County: Amite
Permit #: _____
Driller: Fitzgerald Well Serv.
Date drilling completed: 7-15-13

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Milton Burns,</u>	Latitude: <u>31° 13' 38"</u> Longitude: <u>90° 38' 4.2"</u>
Mailing Address: <u>Brown Rd,</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Smithdale</u> <u>ms,</u>	<u>SE</u> ¼ <u>NE</u> ¼, Sec. <u>018</u> T <u>3N</u> R <u>05</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data
Date drilling started: <u>7-15-13</u> Date drilling completed: <u>7-15-13</u> Hole depth: <u>160'</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 (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <u>Home</u> Industrial Public Supply <u>Irrigation</u> <u>Fish Culture</u>
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>94'</u> feet [above or below] land surface Date measured: <u>7-15-13</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
Well depth: <u>160'</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>140'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>Pvc</u>
Screen length: <u>20'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>Pvc</u>
Screen slot size: <u>0.012/0.016</u> inches Setting depth: From <u>140'</u> feet to <u>160'</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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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)

County: Amite
Permit #: _____
Driller: Ritzgerold Well Serv
Date completed: 7-15-13
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: K131
Elevation: _____

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: Milton Burch
Mailing Address: Brown Rd
Smithdale MS
City State Zip Code
Telephone No. () _____

Well Location
Latitude: 31° 13' 38" N Longitude: 90° 38' 42" W
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
_____ 1/4 _____ 1/4 Sec 18 T 3N R 6E
Distance _____ Miles Direction _____ of _____ Nearest Town _____

Pump Type Circle one Jet _____ Piston _____ Rotary _____ Other (specify): _____	Submersible Turbine Flowing Well	Power Type Circle one Gasoline Engine _____ Hand _____ Other (specify): _____	Natural Gas Tractor PTO
Date Pump Installed: <u>7-15-13</u>	Horse Power Rating of Motor: <u>3</u>	Horse Power Rating of Motor: <u>3</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: _____		

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

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.
Brad Fitzgerald 024
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
Form: OLWR-SWR-1C (07-09)

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