

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 #: K 133
Aquifer: _____
E-Log #: _____

County: Amite
Permit #: _____
Driller: Fitzgerald Well Serv.
Date drilling completed: 9-3-13

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>Lee Alexander</u>	Latitude: <u>31° 12' 9"</u> Longitude: <u>90° 34' 34.8"</u>
Mailing Address: <u>Irene Rd</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> ⁰¹ ₃₁
<u>Liberty</u> <u>ms</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE</u> <input checked="" type="checkbox"/> <u>1/4</u> <u>NW</u> <input checked="" type="checkbox"/> <u>1/4</u> , Sec. <u>26</u> <input checked="" type="checkbox"/> <u>3N</u> <input checked="" type="checkbox"/> <u>R 6E</u> <input checked="" type="checkbox"/>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9-3-13</u> Date drilling completed: <u>9-3-13</u> Hole depth: <u>90'</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): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> 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): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>60'</u> feet [above or below] land surface Date measured: <u>9-3-13</u> <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe) _____
Well depth: <u>90'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>80'</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>.010</u> inches Setting depth: From <u>80'</u> feet to <u>90'</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> 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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BY: OLWR

BY OLWR

RECEIVED

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

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 Fitzgald. 039

This is for (circle one): New Well

Replacement of Existing Pump

Repair of Existing Pump

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

Air Line _____ Circle one

Electric Measuring Line _____ Steel Type

Other (specify): _____

For flowing well, measured shut in head: _____ feet

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

Pump Type

Air Lift _____ Circle one

Jet _____

Submersible

Bucket _____

Piston _____

Turbine _____

Flowing Well _____

Rotary _____

Centrifugal _____

Other (specify): _____

Date Pump Installed: 9-3-13

Rated Pump Capacity: 12 Gallons Per Minute

Power Type

Diesel Engine _____

Gasoline Engine _____ Circle one

Natural Gas _____

Hand _____

Tractor PTO _____

Electric Motor _____

Windmill _____

Other (specify): _____

Horse Power Rating of Motor: 1/2

Setting Depth: 85 feet

Number of Stages: 8

Well Owner Information

Owner Name: Lee Alexander

Mailing Address: Kennel Rd.

City: Summit MS State: _____ Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 12' 9" Longitude: 90° 34' 30.8"

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

Hand-held GPS _____

Survey-grade GPS _____

USGS quad _____

Distance _____ Miles

Direction _____ of _____

Nearest Town _____

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 #: R133

Elevation: _____

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: Fitzgald Well Service

Date completed: 9-3-13

Copy information from block on Part 1