

# 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: 3-18-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: M-84  
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Don Vine</u>	Latitude: <u>31° 6' 39.4"</u> Longitude: <u>90° 55' 32.4"</u>
Mailing Address: <u>Renwick Cassel Rd.</u>	Method of Lat/Long (circle one): <u>39</u> Conventional Survey, <u>38</u>
<u>L. bary</u> <u>ms.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1R</u> <u>1/4</u> <u>1R</u> <u>1/4</u> Sec <u>22</u> Twn <u>2N</u> Rng <u>3E</u>
Telephone No. ( )	Distance Direction Nearest Town
	Miles of

**Well / Borehole Data**

Date drilling started: 3-18-08 Date drilling completed: 3-18-08 Hole depth: 133 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: 56' feet above or below (circle one) land surface Date measured: 3-18-08

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

Well depth: 133' Well grouted to a depth of 10' feet Type of grout (circle one): Neaf Cement Bentonite Mix

Casing length: 123' 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 123' feet to 133' 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***

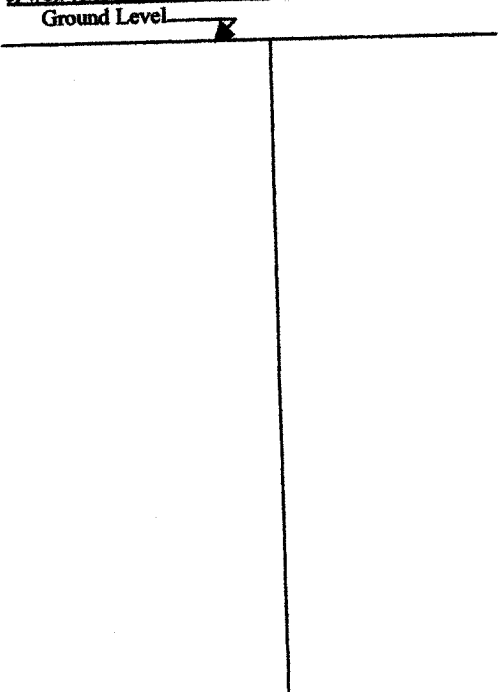
Form: OLWR-SWR-1A

M-84

The sketch below only required for water wells

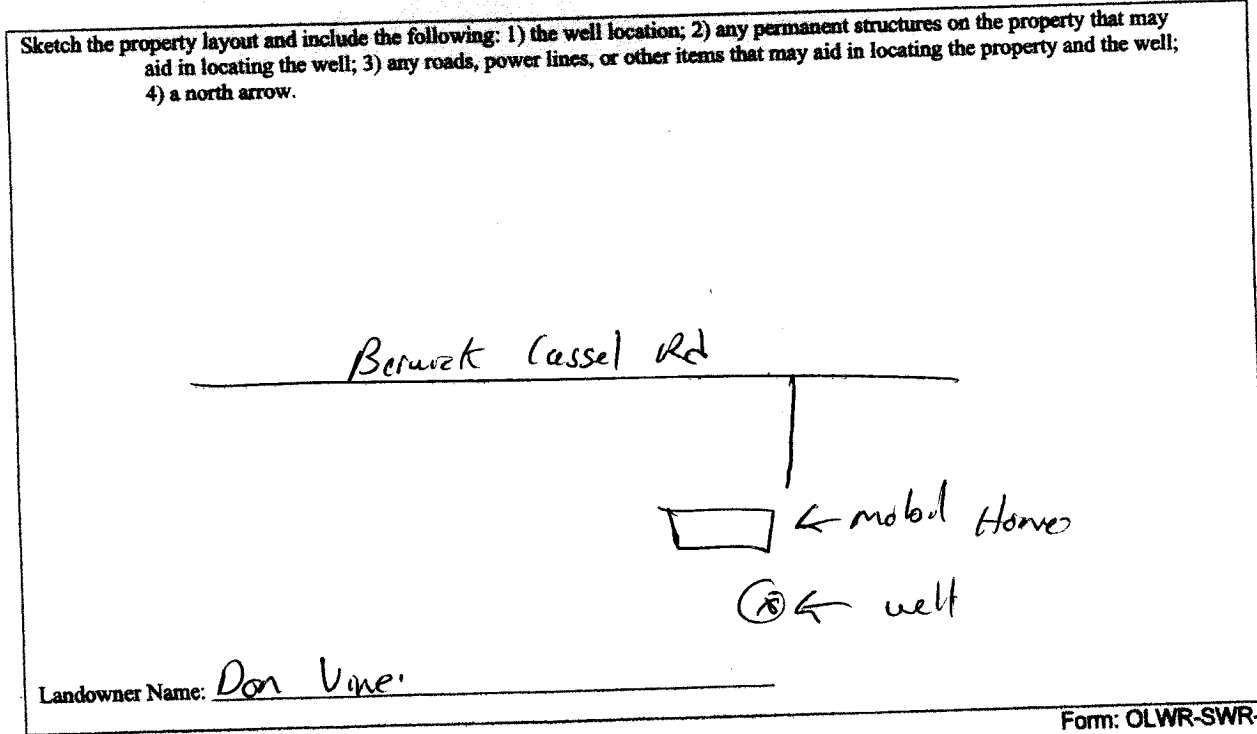
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

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	80
clay	80	100
Sand	100	120
course sand	120	133

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

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 Fitzwald      029      3-18-08      Brad Fitzwald  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

RECEIVED  
 APR 15 2008  
 BY: OLWR/K

RECEIVED  
 APR 11 2008  
 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): Brad Fitzgerald 029  
 Signature of Pump Installer: Brad Fitzgerald

**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 \_\_\_\_\_  
 Electric Measuring Line \_\_\_\_\_  
 Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Pump Type**

Circle one

Submersible \_\_\_\_\_  
 Jet \_\_\_\_\_  
 Piston \_\_\_\_\_  
 Turbine \_\_\_\_\_  
 Air Lift \_\_\_\_\_  
 Bucket \_\_\_\_\_  
 Centrifugal \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

Date Pump Installed: 3-18-08  
 Rated Pump Capacity: 12 Gallons Per Minute

**Power Type**

Circle one

Diesel Engine \_\_\_\_\_  
 Gasoline Engine \_\_\_\_\_  
 Natural Gas \_\_\_\_\_  
 Electric Motor  \_\_\_\_\_  
 Hand \_\_\_\_\_  
 Tractor PTO \_\_\_\_\_  
 Windmill \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 1/2  
 Setting Depth: 100 feet  
 Number of Stages: 8

**Well Owner Information**

Owner Name: Don Vane  
 Mailing Address: Reynold Cassel Rd  
 City: Liberty State: MS Zip Code: \_\_\_\_\_  
 Telephone No. (\_\_\_\_) \_\_\_\_\_

**Well Location**

Latitude: 31° 6' 39.4" Longitude: 90° 55' 37.8"  
 Method of Lat/Long (check one):  Conventional Survey  Survey-grade GPS  
 USGS quad \_\_\_\_\_ Hand-held GPS \_\_\_\_\_  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
 \_\_\_\_\_ Miles of \_\_\_\_\_

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 #: M-84  
 Elevation: \_\_\_\_\_

**Part 2**  
**STATE WELL 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)

Copy information from block on Part 1

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