

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Bore  
Date drilling completed: 7-19-11

**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)

For Office Use Only:  
Acquirer: M 97  
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)  
Owner Name Henry Revels  
Mailing Address: High 48  
Liberty MS  
City State  
Telephone No. ( ) \_\_\_\_\_ Zip Code \_\_\_\_\_

Well or Borehole Location  
Latitude: 30° 7' 12.2" Longitude: 90° 51' 56.6"  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
SA 1/4 Sec 26 Twn 2N Rng 3E  
Distance \_\_\_\_\_ Miles of \_\_\_\_\_ Nearest Town \_\_\_\_\_

**Well / Borehole Data**

Date drilling started: 7-19-11 Date drilling completed: 7-19-11 Hole depth: 117' 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: 67' feet above or below (circle one) land surface Date measured: 7-19-11  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 117' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix  
Casing length: 107' feet Casing diameter: 4" inches Type of casing: Pvc

Screen length: 107' feet Screen diameter: 4" inches Type of screen: Pvc  
Screen slot size: 10/10 inches Setting depth: From 107' feet to 117' 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*

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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: Amite

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

Driller: Fitzgerald well sece

Date completed: 7-19-11

*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: Henry Revels

Mailing Address: Hwy 48

Labadie, MS City State Zip Code

Telephone No. ( ) \_\_\_\_\_

Well Location

Latitude: 31° 17.2'' Longitude: 90° 51' 56.6''

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

USGS quad \_\_\_\_\_ Hand-held GPS \_\_\_\_\_ Survey-grade GPS \_\_\_\_\_

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec. 26 T 2N R 3E

Distance \_\_\_\_\_ Miles Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_

Air Lift	Pump Type Circle one Jet	Power Type Circle one Natural Gas
Bucket	Submersible	Gasoline Engine
Centrifugal	Turbine	Hand
Other (specify): _____	Flowing Well	Other (specify): _____
Date Pump Installed: <u>7-19-11</u>		Horse Power Rating of Motor: <u>1/2</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute		Setting Depth: <u>100'</u> feet
		Number of Stages: <u>8</u>

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  
 Electric Measuring Line

Air Line \_\_\_\_\_

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ 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.

Brad Fitzgerald 04 Paul Fild  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C RECEIVED

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 BY: OLWR

The Office Use Only

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Ministry of Health  
 Department of Health Services  
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