

**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 Serv  
 Date drilling completed: 8-2-11

For Office Use Only:  
 Aquifer: M 99  
 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: Al Davis,  
 Mailing Address: Comvict Rd  
Liberty City MS State Zip Code \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_

Well or Borehole Location  
 Latitude: 30° 5' 44.1" Longitude: 90° 56' 40.7"  
 Method of Lat/Long (circle one): Conventional Survey, \_\_\_\_\_  
 USGS quad, Hand-held GPS, Survey-grade GPS  
S 2 1/4 NE 1/4 Sec 37 Twn 2N Rng 3E  
 Distance \_\_\_\_\_ Miles Direction \_\_\_\_\_ of Nearest Town \_\_\_\_\_

**Well / Borehole Data**

Date drilling started: 8-2-11 Date drilling completed: 8-2-11 Hole depth: 222 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 logs: \_\_\_\_\_

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: 104 feet above or below (circle one) land surface Date measured: 8-2-11  
 Method of Measurement (circle one)  steel tape  electric tape  air line  other: \_\_\_\_\_

Well depth: 222 Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix  
 Casing length: 222 feet Casing diameter: 4" inches Type of casing: PVC  
 Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 222 feet to 222 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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 BY: OLWR

Name of the estate or trust: \_\_\_\_\_

Address (street, city, state, and ZIP code): \_\_\_\_\_

City, state, and ZIP code: \_\_\_\_\_

Name of the decedent: \_\_\_\_\_

Date of death: \_\_\_\_\_

Method of disposition (inter vivos gift, bequest, etc.): \_\_\_\_\_

Value of property at date of death: \_\_\_\_\_

Value of property at date of distribution: \_\_\_\_\_

Value of property at date of valuation: \_\_\_\_\_

Value of property at date of distribution: \_\_\_\_\_

Value of property at date of valuation: \_\_\_\_\_

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Value of property at date of valuation: \_\_\_\_\_

Value of property at date of distribution: \_\_\_\_\_

Value of property at date of valuation: \_\_\_\_\_

OFFICE OF THE REGISTER OF PROBATE AND VESTED INTERESTS  
STATE OF MASSACHUSETTS  
100 STATE STREET, SUITE 1000  
BOSTON, MASSACHUSETTS 02109  
TELEPHONE: 617-552-2200  
FAX: 617-552-2201



# 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 #: M99  
 Elevation: \_\_\_\_\_

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Surv  
 Date completed: 8-2-11  
 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: Al Davis  
 Mailing Address: Dorwick Rd.  
Liberty MS  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

Well Location

Latitude: 31° 5' 44.1" Longitude: 90° 56' 40.7"  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Hand-held GPS \_\_\_\_\_ Survey-grade GPS \_\_\_\_\_  
 \_\_\_\_\_ 1/4 Sec. 37 T 26 R 3E  
 Distance \_\_\_\_\_ Miles Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_

Air Lift	Pump Type Circle one Jet	Submersible	Power Type Circle one Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u> _____	
Date Pump Installed: <u>8-2-11</u>			Setting Depth: <u>160'</u> _____ feet	
Rated Pump Capacity: <u>12</u> Gallons Per Minute			Number of Stages: <u>12</u>	

Date Well Tested: _____	Pump Test Data	Method of Measuring Water Level Circle one Electric Measuring Line	Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	_____ Feet Below Land Surface	Air Line	
Pumping Water Level (B): _____ Feet Below Land Surface	_____ Feet Below Land Surface	Other (specify): _____	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	_____ Gallons Per Minute	For flowing well, measured shut in head: _____ feet	
Test Pumping Rate: _____ Gallons Per Minute	_____ hours	Well yielded _____ GPM with a drawdown of _____ hours of pumping	
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 Signature of Pump Installer  
024 License No. (if applicable)  
Brad Fitzgerald Signature of Pump Installer  
 Form: OLWR-SWR-1C (07-09)

2011  
 20-01115