

05

State Well Report

Part 1

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)

For Office Use Only:

Aquifer: _____

Well #: N-130

L. S. Elevation: _____

E-log #: _____

County: Amite

Permit #: _____

Driller: Fitzgerald Well Service

Date drilling completed: 1-7-05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|-----------------------------------|--|
| Owner Name: <u>Toni Henderson</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>414 S84</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Liberty</u> <u>MS</u> | _____ 1/4 _____ 1/4 Sec <u>14</u> Twn <u>2N</u> Rng <u>4E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. (____) _____ | <u>2</u> Miles <u>South</u> of <u>Liberty</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 1-7-05 Date well drilling completed: 1-7-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 90' feet above or below (circle one) land surface Date measured: 1-7-05

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

Hole depth: 120' Well depth: 120' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110' 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 110' feet to 120' 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 back of page

Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

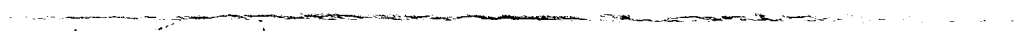
B. A. Fitzgerald 0291
Print Name of Water Well Contractor and License No.

Reed Stypel
Signature of Water Well Contractor

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BY: OLWR

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

65

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date completed: 1-14-05

For Office Use Only:

Aquifer: _____
 Well #: N-130
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Toni Henderson</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Key Spur</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Liberty</u> <u>MS</u> City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>14</u> Twn <u>2N</u> Rng <u>4E</u> |
| Telephone No. (____) _____ | Distance Direction Nearest Town <u>2</u> Miles <u>South</u> of <u>Liberty</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>1-14-05</u> | Setting Depth: <u>115'</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>12</u> |

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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Brad Fitzgerald (29) Brad Fitzgerald
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer