

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Edgould Well Service  
 Date drilling completed: 5-2-05

**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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N-134  
 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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location  |
|--|--|
| Owner Name: <u>Carl Bluback</u>  | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>Hay SP4</u>  | Method of Lat/Long (circle one): Conventional Survey                             |
| <u>Liberty MS.</u>   | USGS quad. Hand-held GPS. Survey-grade GPS                                       |
| City State Zip Code  | <u>1/4</u> <u>1/4</u> Sec <u>14</u> Twn <u>2N</u> Rng <u>4E</u>                  |
| Telephone No. (____)   | Distance Direction Nearest Town<br><u>2</u> Miles <u>South</u> of <u>Liberty</u> |

**Well / Borehole Data**

Date drilling started: 5-2-05 Date drilling completed: 5-2-05 Hole depth: 115' 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: 77' feet above or below (circle one) land surface Date measured: 5-2-05  
 Method of Measurement (circle one)  steel tape  electric tape  air line  other: \_\_\_\_\_

Well depth: 115' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 105' feet Casing diameter: 4" inches Type of casing: PVC  
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC  
 Screen slot size: 0.012 inches Setting depth: From 105' feet to 115' 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

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**BY: OLWR**



# 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)

County: Amite  
Permit #: \_\_\_\_\_  
Driller: E Fitzgerald Well Service  
Date completed: 5-2-05  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: N-134  
Elevation: \_\_\_\_\_

*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            | Well Location  |
|-----------------------------------|--|
| Owner Name: <u>Carl Blacklock</u> | Latitude: _____ Longitude: _____                           |
| Mailing Address: <u>Hwy 584</u>   | Method of Lat/Long (check one): Conventional Survey _____  |
| <u>Liberty</u> <u>MS</u>          | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| City State Zip Code               | _____ 1/4 _____ 1/4 Sec <u>14</u> T <u>2N</u> R <u>4E</u>  |
| Telephone No. (____) _____        | Distance Direction Nearest Town                            |
|                                   | <u>2</u> Miles <u>South of Liberty</u>                     |

| Pump Type<br>Circle one                               | Power Type<br>Circle one                  |
|---|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine                                 | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary Flowing Well                       | Windmill Other (specify): _____           |
| Other (specify): _____                                | Horse Power Rating of Motor: <u>3/4</u>   |
| Date Pump Installed: <u>5-2-05</u>                    | Setting Depth: <u>105'</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<br>Circle one                                     |
|--|---|
| Date Well Tested: _____                                | Air Line Electric Measuring Line <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 029 Brad Fitzgerald  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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