

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 2-13-06

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-137
 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>Merrill Blalock</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hwy 584</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>15</u> Twn <u>9N</u> Rng <u>4E</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>South</u> of Nearest Town <u>Liberty</u>

Well / Borehole Data

Date drilling started: 2-13-06 Date drilling completed: 2-13-06 Hole depth: 105' 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: 69' feet above or below (circle one) land surface Date measured: 2-13-06

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

Well depth: 105' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 95' 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 95' feet to 105' 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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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) Burd Fitzgerald 029
 Signature of Pump Installer Burd 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
 Circle one
 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
 Air Lift _____
 Bucket _____
 Centrifugal _____
 Other (specify): _____
 Date Pump Installed: 2-13-06
 Rated Pump Capacity: 12 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine _____
 Gasoline Engine _____
 Natural Gas _____
 Tractor PTO _____
 Hand _____
Electric Motor
 Windmill _____
 Other (specify): _____
 Horse Power Rating of Motor: 1/2
 Setting Depth: 95 feet
 Number of Stages: 8

Well Owner Information
 Owner Name: Merrill Blalock
 Mailing Address: Highway 574
Liberty MS
 State _____
 City _____
 Zip Code _____
 Telephone No. () _____

Well Location
 Latitude: _____
 Longitude: _____
 Method of Lat/Long (check one): Conventional Survey
 USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
 Distance _____ Miles _____ Direction _____
 Nearest Town _____
South of Liberty

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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 #: N-137
 Elevation: _____

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)

Copy information from block on Part I
 County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
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STATE WELL REPORT