

# 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)

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Service  
Date drilling completed: 3-20-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: N-155  
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>Paul Picard</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Meadvile Rd</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>3</u> Twn <u>2N</u> Rng <u>4E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	<u>1/2</u> Miles <u>North</u> of <u>Liberty</u>

**Well / Borehole Data**

Date drilling started: 3-20-08 Date drilling completed: 3-20-08 Hole depth: 194' 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: 60' feet above or below (circle one) land surface Date measured: 3-20-08

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

Well depth: 194' Well grouted to a depth of 10' feet Type of grout (circle one)  Neat Cement Bentonite Mix

Casing length: 184' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 0.12 inches Setting depth: From 184' feet to 194' 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

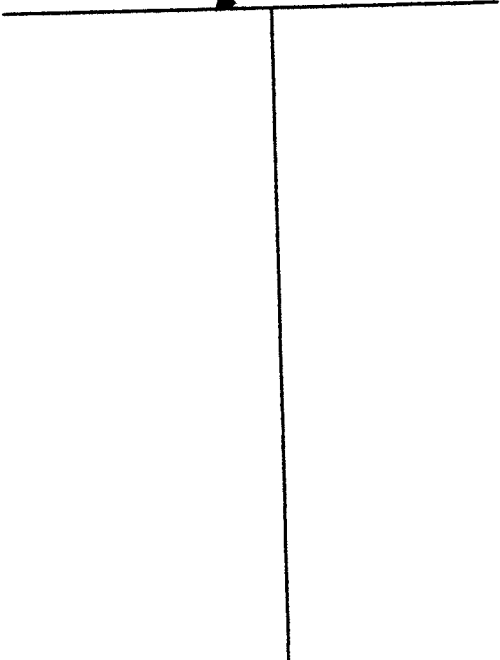
RECEIVED  
BY: [unclear]  
DATE: [unclear]

N-155

*The sketch below only required for water wells.*

*Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations*

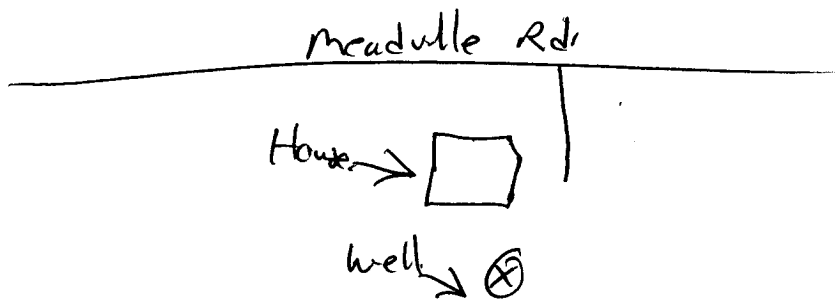
*If well telescopes, show depths on sketch*  
Ground Level 



Description of Formations Encountered	From (depth) Ground Level	To (depth)
clay	0	20
Sand + gravel	20	60
sand	60	70
clay	70	140
sand	140	<del>170</del> 170
course sand	170	194

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: Paul Pizardi

Form: OLWR-SWR-1A

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

Brad Fitzgerald      029      3-20-08

Paul Styal

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

RECEIVED  
APR 11 2008  
BY: OLWR

RECEIVED  
 APR 15 2008  
 BAY OLWR

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): Brad Fitzgald  
 Signature of Pump Installer: [Signature]

**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 \_\_\_\_\_  
 Circle one: Steel Tape  
 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 \_\_\_\_\_  
 Jet \_\_\_\_\_  
 Submersible \_\_\_\_\_  
 Bucket \_\_\_\_\_  
 Piston \_\_\_\_\_  
 Turbine \_\_\_\_\_  
 Centrifugal \_\_\_\_\_  
 Rotary \_\_\_\_\_  
 Flowing Well \_\_\_\_\_

Other (specify): \_\_\_\_\_  
 Date Pump Installed: 3-20-08  
 Rated Pump Capacity: 27 Gallons Per Minute

**Power Type**

Circle one:  
 Diesel Engine \_\_\_\_\_  
 Gasoline Engine \_\_\_\_\_  
 Hand \_\_\_\_\_  
 Electric Motor \_\_\_\_\_  
 Windmill \_\_\_\_\_  
 Other (specify): 1/2  
 Horse Power Rating of Motor: \_\_\_\_\_  
 Setting Depth: -110 feet  
 Number of Stages: \_\_\_\_\_

**Well Owner Information**

Owner Name: Paul Picard  
 Mailing Address: Madville Rd  
 City: Liberty ms  
 State: \_\_\_\_\_  
 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 \_\_\_\_\_  
 Direction \_\_\_\_\_  
 Nearest Town \_\_\_\_\_  
 Miles \_\_\_\_\_  
1/2 Miles North 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 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgald Will Sisco  
 Date completed: 3-20-08  
 (Copy information from block on Part 1)

**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  
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**STATE WELL REPORT**