

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Serv  
 Date drilling completed: 1-4-10

**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: N 165  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Redia Robinson</u>	Latitude: <u>31° 7' 49"</u> Longitude: <u>90° 48' 13.8"</u>
Mailing Address: <u>maxwell lane</u>	Method of Lat/Long (circle one): Conventional Survey, U/S/GIS quad, Hand-held GPS, Survey-grade GPS
<u>Liberty</u> <u>ms.</u>	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>24</u> Twn <u>2N</u> Rng <u>4E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	Miles of

**Well / Borehole Data**

Date drilling started: 1-4-10 Date drilling completed: 1-4-10 Hole depth: 100' 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: 78' feet above or below (circle one) land surface Date measured: 1-4-10

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

Well depth: 100' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90' 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 90' feet to 100' 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**  
 JAN 20 2010  
 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)

For Office Use Only:

Aquifer: NIGS

Well #: \_\_\_\_\_

Elevation: \_\_\_\_\_

County: Amite

Permit #: \_\_\_\_\_

Driller: Eitzgrald Wellbore

Date completed: 1-4-09

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: Redina Robinson

Mailing Address: Maxwell here

City: Liberty State: MS Zip Code: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

**Well Location**

Latitude: 31° 7' 49" Longitude: 90° 48' 13.8"

Method of Lat/Long (check one):  Conventional Survey  USGS quad  Hand-held GPS  Survey-grade GPS

Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_

Miles \_\_\_\_\_ of \_\_\_\_\_

**Pump Type**

Circle one

Air Lift  Turbine  Submersible

Bucket  Piston  Turbine

Centrifugal  Rotary  Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 1-4-09

Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

**Power Type**

Circle one

Diesel Engine  Gasoline Engine  Natural Gas

Electric Motor  Hand  Tractor PTO

Windmill  Other (specify): 1/2

Horse Power Rating of Motor: \_\_\_\_\_

Setting Depth: 95 feet

Number of Stages: 8

**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**

Circle one

Air Line  Electric Measuring Line  Steel Tape

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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 Fitzgerald 029

Signature of Pump Installer: [Signature]

BY: OLVW

JAN 29 2009

RECEIVED Form: OLVW

