

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: N 177  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well  
Date drilling completed: 4-15-15

*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.*

| Well Owner Information<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Arrowhead Farms</u>   | Latitude: <u>31° 9' 5.3"</u> Longitude: <u>90° 46' 30.9"</u>            |
| Mailing Address: _____   | Method of Lat/Long (check one): Conventional Survey _____               |
| _____  | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____            |
| <u>Liberty</u> <u>MS</u>   | <u>NW 1/4</u> , <u>SE 1/4</u> , Sec <u>11</u> T. <u>4N</u> R. <u>4E</u> |
| City State Zip Code  | _____ Miles _____ of _____  |
| Telephone No. (____) _____   | (Distance) (Direction) (Nearest Town)                                   |

| Well / Borehole Data   |
|--|
| Date drilling started: <u>4-15-15</u> Date drilling completed: <u>4-15-15</u> Hole depth: <u>170'</u> Hole diameter: <u>8"</u>                             |
| 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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____  |
| Name of organization running log(s): _____   |
| Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump<br>Seismic Survey Other (describe) _____ |

*If drilling is not related to water well construction, skip the remainder of this block*

|  |
|--|
| Purpose of Well (circle all applicable): Home <u>Industrial</u> Public Supply Irrigation Fish Culture                            |
| Other (describe): _____  |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____   |
| Static Water Level: <u>90'</u> feet [above or below] land surface Date measured: <u>4-15-15</u><br><small>(circle one)</small>   |
| Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____                             |
| Well depth: <u>170'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix |
| Casing length: <u>150'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>                                     |
| Screen length: <u>20'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>                                      |
| Screen slot size: <u>.010</u> inches Setting depth: From <u>150</u> feet to <u>170</u> feet                                      |
| Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed 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*

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PV. [Signature]



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: N177  
Elevation: \_\_\_\_\_

County: Amite

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

Driller: Fitzgerald Well

Date completed: 4-15-15

*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             | Well Location  |
|------------------------------------|--|
| Owner Name: <u>Arrowhead Farms</u> | Latitude: <u>31° 9' 5.3"</u> Longitude: <u>90° 46' 30.9"</u> |
| Mailing Address: _____             | Method of Lat/Long (check one): Conventional Survey _____    |
| _____                              | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>Liberty</u> <u>MS</u>           | _____ ¼ _____ ¼ Sec _____ T _____ R _____                    |
| City State Zip Code                | Distance Direction Nearest Town                              |
| Telephone No. ( ) _____            | _____ Miles _____ of _____                                   |

| Pump Type   | Power Type                                |
|---|---|
| Circle one  | Circle one                                |
| Air Lift Jet <input type="radio"/> <u>Submersible</u>                       | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>           | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____           |
| Other (specify): _____  | Horse Power Rating of Motor: <u>5</u>     |
| Date Pump Installed: <u>4-15-15</u>   | Setting Depth: <u>160'</u> feet           |
| Rated Pump Capacity: <u>60</u> Gallons Per Minute                           | Number of Stages: _____                   |

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

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Brian Fitzgerald 024 Brian Fitzgerald  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Form: OLWR-SWR-1C (07-09)  
MAY 20 2015  
BY: OLWR