

# 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 #: 0109  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald, W. W. W. W.  
Date drilling completed: 1-28-15

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>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|---|---|
| Owner Name: <u>Jammie Stone</u>   | Latitude: <u>31° 10' 10"</u> Longitude: <u>90° 39' 39.2"</u>        |
| Mailing Address: <u>Turner Rd</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   | <u>SE 1/4 NW 1/4, Sec 1 T 2N R 5E</u>                               |
| Telephone No. (____) _____  | _____ Miles _____ of _____<br>(Distance) (Direction) (Nearest Town) |

### Well / Borehole Data

Date drilling started: 1-28-15 Date drilling completed: 1-28-15 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 (circle 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 (circle all applicable): Home  Industrial Public Supply Irrigation Fish Culture  
Other (describe): \_\_\_\_\_  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 56' feet [above or below] land surface Date measured: 1-28-15  
(circle one)  
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
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: .010 inches Setting depth: From 105' feet to 115' feet  
Type of completion (circle all applicable): Gravel packed 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

Pump set by the warehouse.

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# 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 \_\_\_\_\_  
 Well # 0109  
 Elevation \_\_\_\_\_

County Amitl  
 Permit # \_\_\_\_\_  
 Well # Fitzgerald Well Serv  
 Date Completed 1-28-15

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information           | Well Location   |
|----------------------------------|---|
| Name <u>Jamie Stone</u>          | Latitude <u>31° 10' 10"</u> Longitude <u>90° 39' 37.7"</u>  |
| Mailing Address <u>Turner Rd</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey                                       |
| <u>Liberty</u> <u>Ms</u>         | <input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS |
| City State Zip Code              | 1/4 _____ 1/4 Sec _____ Twp _____ Rng _____   |
| Telephone No _____               | Distance _____ Direction _____ Nearest Town _____   |
|                                  | _____ Miles _____ of _____  |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Jet <input type="checkbox"/> <u>Submersible</u>                       | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Piston <input type="checkbox"/> Turbine <input type="checkbox"/>      | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/>   |
| Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify) _____  |
| Other (specify) _____   | Horse Power Rating of Motor: <u>34</u>   |
| Date Pump Installed: <u>2-5-15</u>                                    | Setting Depth: <u>100'</u>   |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute                     | Number of Stages: <u>7</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one   |
|--|---|
| Date Well Tested: <u>2-5-15</u>                            | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tap</u> |
| Static Water Level (A) <u>56'</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B) <u>62'</u> Feet Below Land Surface | For flowing well, measured shut in head _____   |
| Drawdown [(B) - (A)]: <u>6'</u> Feet Below Land Surface    | Well yielded _____ GPM with a drawdown of _____   |
| Test Pumping Rate: <u>10</u> Gallons Per Minute            | _____ feet after _____ hours of pumping   |
| Duration of Pump Test (minimum 4 hours): _____ hours       |   |

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

FEB 13 2015

0305 Amos Parker Amos Parker BY: OLWR  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer