

05

# State Well Report

## Part 1

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: 8-17-04

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: P-64  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Don Honea</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hampden Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Magnolia</u> <u>MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>2N</u> Rng <u>6E</u>
City State Zip Code	Distance <u>6</u> Miles <u>West</u> of Nearest Town <u>Magnolia</u>
Telephone No. (____) _____	

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Poultry House

Date well drilling started: 8-17-04 Date well drilling completed: 8-17-04

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 67' feet above or below (circle one) land surface Date measured: 8-17-04

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

Hole depth: 140' Well depth: 140' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 010/012 inches Setting depth: From 120-130.010 feet to 130-140.012 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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

Brad Fitzgerald 024  
Print Name of Water Well Contractor and License No.

Brad Fitzgerald RECEIVED  
Signature of Water Well Contractor  
AUG 20 2004

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:

Acquirer:

Well #: P-67

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

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Etzger & Well Services  
 Date completed: 8-17-04

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

Owner Name: Don Hance  
 Mailing Address: Hampden Rd.  
 City: Magnolia, MS  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_

### Well Location

Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
 1/4 Sec. 23 1/4 Ring GE  
 Direction West of Magnolia  
 Nearest Town \_\_\_\_\_  
 Distance \_\_\_\_\_ Miles \_\_\_\_\_

### Pump Type

Circle one  
 Submersible  
 Jet  
 Piston  
 Turbine  
 Flowing Well  
 Centrifugal  
 Bucket  
 Air Lift

### Power Type

Circle one  
 Diesel Engine  
 Gasoline Engine  
 Natural Gas  
 Windmill  
 Electric Motor  
 Hand  
 Tractor PTO  
 Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 3  
 Setting Depth: 120' feet  
 Number of Stages: \_\_\_\_\_

### 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  
 \_\_\_\_\_ 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 Etzger Id. 029

Signature of Pump Installer Brad Etzger

RECEIVED

AUG 20 2004

BY: OLWR