

# 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: 3-4-09

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: P-90  
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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Lenna Stillworth</u>	Latitude: <u>31° 09' 42.0"</u> Longitude: <u>90° 37' 26.3"</u>
Mailing Address: <u>Lower Gladling Rd.</u>	Method of Lat/Long (circle one): <u>42</u> Conventional Survey, <u>26</u>
City: <u>Liberty</u> State: <u>MS</u> Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (____) _____	<u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>5</u> Twn <u>2N</u> Rng <u>6E</u>
	Distance _____ Miles Direction _____ of Nearest Town _____

**Well / Borehole Data**

Date drilling started: 3-4-09 Date drilling completed: 3-4-09 Hole depth: 90' 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: 38' feet above or below (circle one) land surface Date measured: 3-4-09

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

Well depth: 90' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .012 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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

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BY: OLWR



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 MAR 25 2009  
 BY: 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 Fitzgerald  
 Signature of Pump Installer *Brad Fitzgerald*

**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 Steel Tape  
 Circle one  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_  
 hours of pumping \_\_\_\_\_ feet after \_\_\_\_\_

**Pump Type**  
 Circle one  
 Air Lift \_\_\_\_\_  
 Bucket \_\_\_\_\_  
 Centrifugal \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 3-9-09  
 Rated Pump Capacity: 12 Gallons Per Minute

**Power Type**  
 Circle one  
 Diesel Engine \_\_\_\_\_  
 Gasoline Engine \_\_\_\_\_  
 Natural Gas \_\_\_\_\_  
 Tractor PTO \_\_\_\_\_  
 Hand \_\_\_\_\_  
Electric Motor  
 Windmill \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 1/2  
 Setting Depth: 85 feet  
 Number of Stages: 8

**Well Owner Information**  
 Owner Name: Lena Stallworthy  
 Mailing Address: Lower Gladly Rd  
 City Liberty State MS Zip Code \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**  
 Latitude: 31° 9' 42.0" Longitude: 90° 37' 26.3"  
 Method of Lat/Long (check one): Conventional Survey  
 USGS quad \_\_\_\_\_ Hand-held GPS \_\_\_\_\_ Survey-grade GPS \_\_\_\_\_  
 Distance \_\_\_\_\_ Miles of \_\_\_\_\_  
 Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
 % \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: P-90  
 Elevation: \_\_\_\_\_

Part 2  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
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 (601)354-6938 (fax)

Copy information from check on Part I  
 County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Wellbore  
 Date completed: 3-4-09

STATE WELL REPORT