

# 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  
(601)961- 5210  
(601)961- 5228 (fax)

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Service  
Date drilling completed: 4-1-11

For Office Use Only:  
Aquifer: P100  
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Calvin Crocket</u>	Latitude: <u>31° 9' 8.1"</u> Longitude: <u>90° 33' 39.1"</u>
Mailing Address: <u>Mason Cemetery Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>08</u> <u>39</u>
<u>Magnolia</u> MS City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 12 Twn 2N Rng 6E</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ Miles of _____

**Well / Borehole Data**

Date drilling started: 4-1-11 Date drilling completed: 4-1-11 Hole depth: 98' 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: 70' feet above or below (circle one) land surface Date measured: 4-1-11

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

Well depth: 98' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 88' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .012 inches Setting depth: From 88' feet to 98' 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 (04/08)

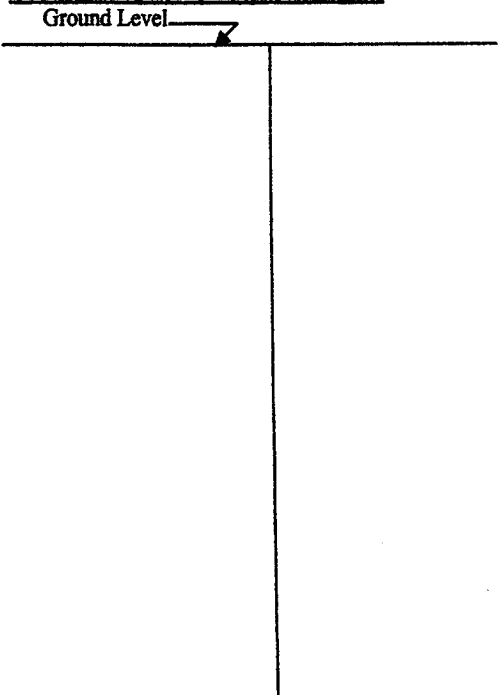
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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

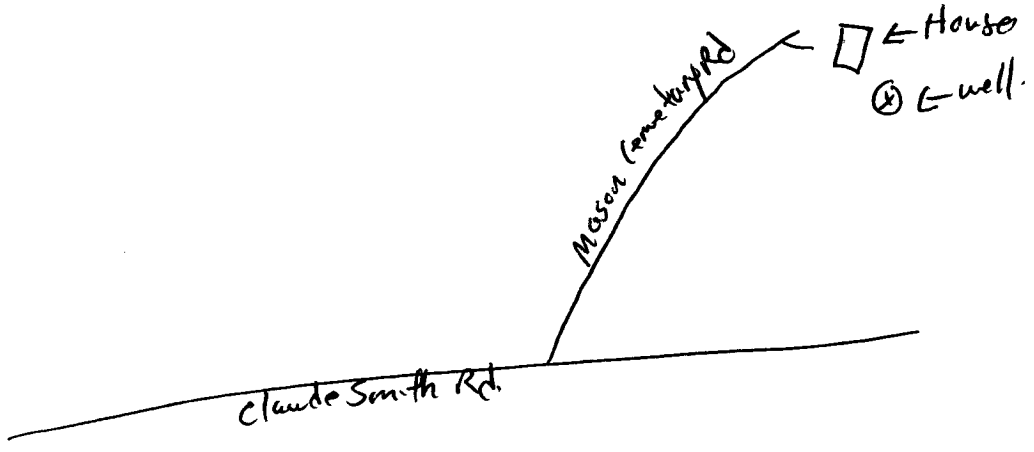


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
soft clay	20	40
clay	40	70
gravel	70	80
coarse sand	80	98

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: Calvin Crocker

Form: OLWR-SWR-1A (04/08)

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

Print Name of Responsible Licensee and License No. Brad Fitzgerald 029

Date 4-1-11

Signature of Licensee Brad Fitzgerald

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 BY: OLMFB

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
 Signature of Pump Installer: *[Signature]*  
 Print Name of Pump Installer and License No. (if applicable): *Brad Elwell 029*  
 Form: OLWR-SWR-1C (07-09)

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

**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  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Pump Type**  
 Circle one  
 Air Lift  Jet  Submersible  
 Bucket  Piston  Turbine  Flowing Well  Centrifugal  Rotary  Windmill  Other (specify): \_\_\_\_\_

**Power Type**  
 Circle one  
 Diesel Engine  Electric Motor  Hand  Tractor PTO  Natural Gas  Gasoline Engine  Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 1/2  
 Setting Depth: 95 feet  
 Number of Stages: 8

**Well Owner Information**  
 Owner Name: Calvin Crockett  
 Mailing Address: Mason (envelope Ad)  
 City: Mcghee, MS State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**  
 Latitude: 31° 5' 8.1" Longitude: 90° 33' 39.1"  
 Method of Lat/Long (check one):  Conventional Survey  Hand-held GPS  Survey-grade GPS  USGS quad \_\_\_\_\_  
 Distance \_\_\_\_\_ Miles Direction \_\_\_\_\_ of \_\_\_\_\_ Nearest Town \_\_\_\_\_

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.

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

**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)

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Wilcox  
 Date completed: 4-1-11  
 Copy information from block on Part 1