

**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 Serv  
 Date drilling completed: 7-15-11

For Office Use Only:  
 Aquifer: P101  
 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)  
 Owner Name: Mike Zeigler  
 Mailing Address: Algim Rest Rd.  
Madison MS State Zip Code \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_

Well or Borehole Location  
 Latitude: 31° 6' 53.4" Longitude: 90° 36' 18.3"  
5A 18  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS, Survey-grade GPS  
NW 1/4 NE 1/4 Sec 28 Twn 2N Rng 6E  
 Distance \_\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_  
 Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_

Well / Borehole Data  
 Date drilling started: 7-15-11 Date drilling completed: 7-15-11 Hole depth: 96' 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: 51' feet above or below (circle one) land surface Date measured: 7-15-11  
 Method of Measurement (circle one) steel tape electric tape \_\_\_\_\_ air line \_\_\_\_\_ other: \_\_\_\_\_  
 Well depth: 96' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 86' feet Casing diameter: 4" inches Type of casing: PCC  
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PCC  
 Screen slot size: .010 inches Setting depth: From 86' feet to 96' 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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# STATE WELL REPORT

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Serv  
 Date completed: 7-15-11  
Copy information from block on Part 1

**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 #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

*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**  
 Owner Name: Mike Zeiger  
 Mailing Address: Plum Red Rd.  
Mcgehee MS  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**  
 Latitude: 31° 6' 53.9" Longitude: 90° 36' 18.3"  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_  
 \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ Sec. 28 T 2N R 6E  
 Distance \_\_\_\_\_ Miles Direction \_\_\_\_\_ of \_\_\_\_\_ Nearest Town \_\_\_\_\_

<b>Pump Type</b> Circle one Jet _____ Piston _____ Rotary _____ Other (specify): _____	<b>Pump Type</b> Circle one <input checked="" type="radio"/> Submersible Turbine _____ Flowing Well _____	<b>Power Type</b> Circle one Diesel Engine _____ <input checked="" type="radio"/> Electric Motor Windmill _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>80'</u> _____ feet Number of Stages: <u>8</u> _____	<b>Power Type</b> Circle one Natural Gas _____ Tractor PTO _____
Date Pump Installed: <u>7-15-11</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute			

**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 \_\_\_\_\_ hours of pumping \_\_\_\_\_ feet after \_\_\_\_\_

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.  
Brad Fitzgerald  
 Print Name of Pump Installer and License No. (if applicable)  
Redford  
 Signature of Pump Installer  
 Form: OLWR-SWR-1C (07-09)

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