

# 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: 7-21-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: Q-36  
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>Mike Whittington</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Perkins Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Centerville MS.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>29</u> Twn <u>IV</u> Rng <u>2E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>SE</u> of <u>Centerville</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>7-21-06</u> Date drilling completed: <u>7-21-06</u> Hole depth: <u>169'</u> Hole diameter: <u>8"</u>	
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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>108'</u> feet above or below (circle one) land surface Date measured: <u>7-21-06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>169'</u> Well grouted to a depth of <u>10'</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>159'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>Pvc</u>	
Screen length: <u>10'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>Pvc</u>	
Screen slot size: <u>.012</u> inches Setting depth: From <u>159'</u> feet to <u>169'</u> 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. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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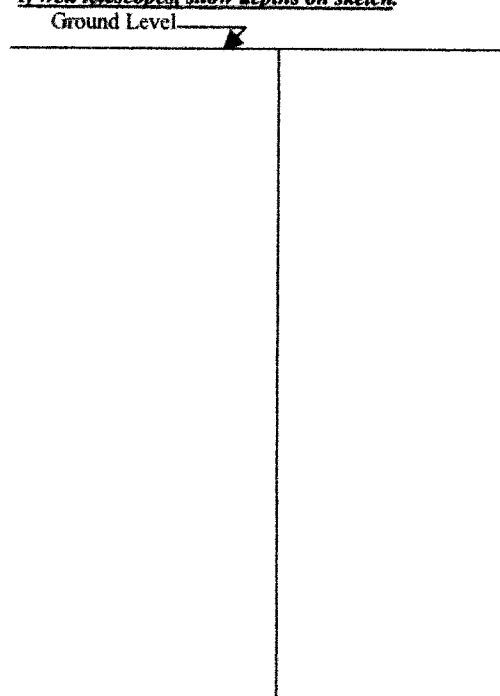
AUG 02 2006

BY: OLWR

Q-36

The sketch below only required for water wells

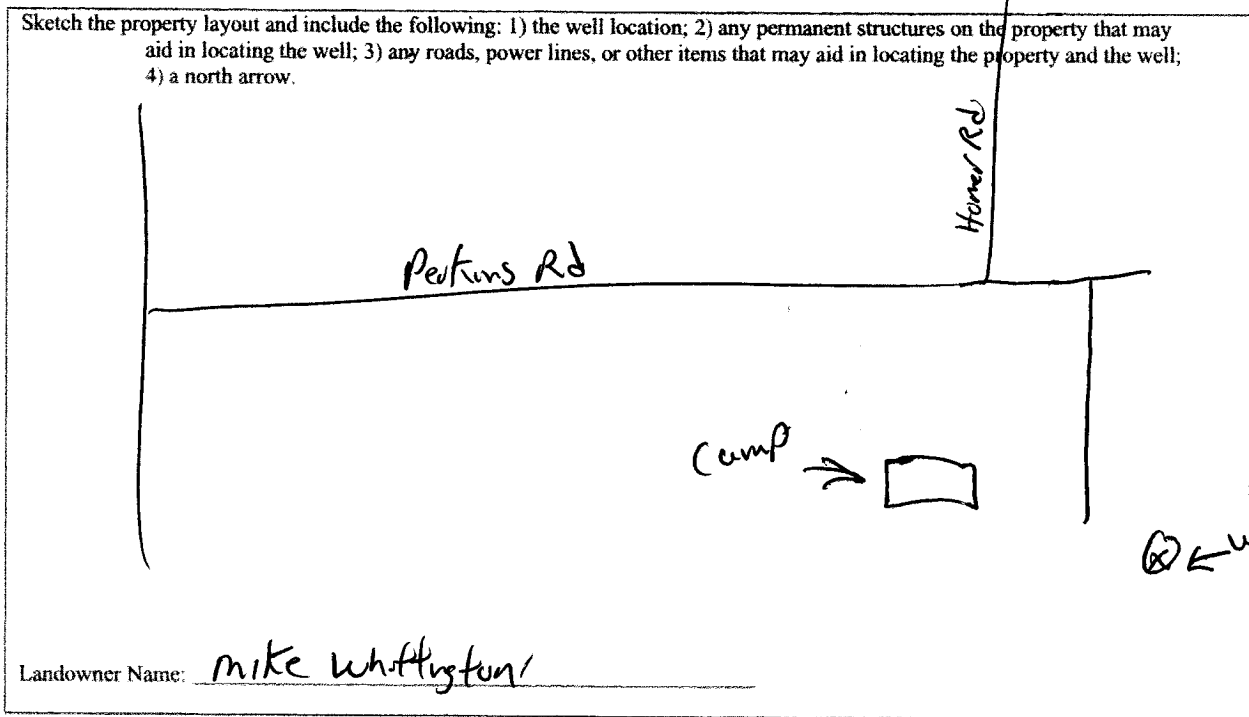
If well telescopes, show depths on sketch.



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
Fine sand	20	40
gravel	40	60
Clay	60	80
Sand	80	100
gravel	100	120
Clay	120	140
Fine sand	140	150
Coarse Sand	150	169

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



Form: OLWR-SWR-1A

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.

Brian Fitzgerald      029      7-21-06

Brian Fitzgerald

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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): Bill Fitzgerald 229  
 Signature of Pump Installer: [Signature]

<p><b>Pump Test Data</b></p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown (B) - (A): _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p><b>Method of Measuring Water Level</b></p> <p>Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u></p> <p>Circle one</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____</p> <p>hours after _____ feet after _____ hours of pumping</p>
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<p><b>Pump Type</b></p> <p>Circle one</p> <p>Air Lift _____ Jet _____ <u>Submersible</u></p> <p>Bucket _____ Piston _____ Turbine _____</p> <p>Centrifugal _____ Rotary _____ Flowing Well _____</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>7-21-06</u></p> <p>Rated Pump Capacity: _____ Gallons Per Minute</p>	<p><b>Power Type</b></p> <p>Circle one</p> <p>Diesel Engine _____ Gasoline Engine _____ Natural Gas _____</p> <p><u>Electric Motor</u> _____ Hand _____ Tractor PTO _____</p> <p>Windmill _____ Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1</u></p> <p>Setting Depth: <u>140</u> feet</p> <p>Number of Stages: <u>8</u></p>
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<p><b>Well Owner Information</b></p> <p>Owner Name: <u>Mike W. Hyatt</u></p> <p>Mailing Address: <u>Perkins Rd</u></p> <p>City: <u>LeFlore MS</u> State: _____ Zip Code: _____</p> <p>Telephone No. ( ) _____</p>	<p><b>Well Location</b></p> <p>Latitude: _____</p> <p>Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> _____</p> <p>USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____</p> <p>Distance _____ Direction _____ Nearest Town _____</p> <p>_____ Miles SE of Centerline</p>
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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:

Permit #: \_\_\_\_\_

Driller: Bill Fitzgerald

Date completed: 7-21-06

County: Amite

**Part 2**

**STATE WELL REPORT**

Pump Installer's Completion Report

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 10631

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Aquifer: \_\_\_\_\_