

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: Q44  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Serv  
Date drilling completed: 8-19-13

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Russel Balke</u>	Latitude: <u>31° 4' 38.6"</u> Longitude: <u>90° 3' 12.6"</u> <span style="margin-left: 100px;">39</span> <span style="margin-left: 100px;">91 3 18</span>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Renbaulte</u> <u>MS</u> _____ City State Zip Code	<u>1R</u> <u>1/4 SW</u> <u>1/4</u> , Sec <u>9</u> <u>T 1N</u> <u>R 2E</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

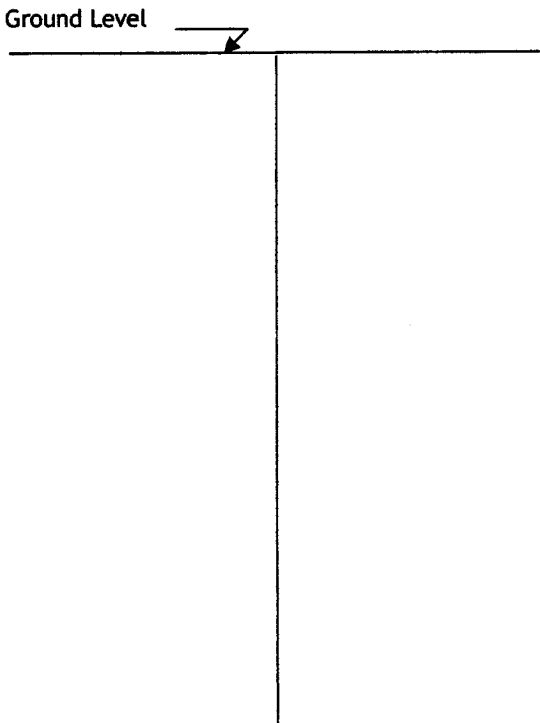
Well / Borehole Data
Date drilling started: <u>8-19-13</u> Date drilling completed: <u>8-19-13</u> Hole depth: <u>170'</u> Hole diameter: <u>8"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs 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 (circle one): <u>Water Well</u> 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 (circle all applicable): <u>Home</u> Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>67'</u> feet [above or below] land surface Date measured: <u>8-19-13</u> <span style="margin-left: 100px;">(circle one)</span>
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____
Well depth: <u>170'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): <u>Heat Cement</u> Bentonite Mix
Casing length: <u>160'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>4" DC</u>
Screen length: <u>10'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>4" DC</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>160'</u> feet to <u>170'</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed 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>

County: Amite  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: G44

The sketch below only required for water wells

If well telescopes, show depths on sketch.



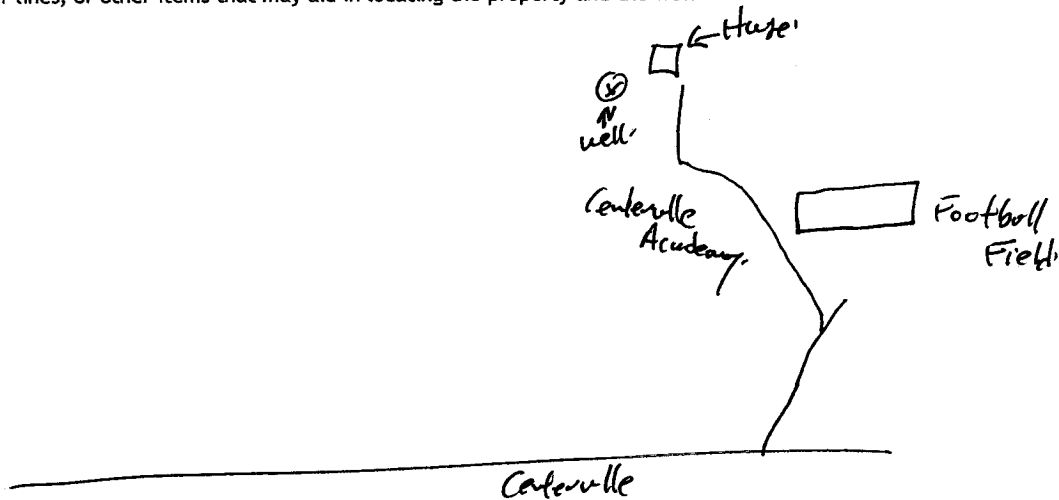
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
clay	0	20
Sand	20	40
gravel	40	80
clay	80	120
Sandy	120	150
Coarse Sand	150	170

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) north arrow



Landowner Name: Russell Baker

I HEREBY 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.

Brad Fitzgerald      OPG      8-19-13      [Signature]  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

### For Office Use Only:

Well #: Q44  
 Aquifer: \_\_\_\_\_

County: Anneke  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date completed: 8-19-13  
Copy information from block on Part 1

*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	Well Location
Owner Name: <u>Russel Bulke</u>	Latitude: <u>31°4'38.6"</u> Longitude: <u>90°3'17.6"</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Centerville MS</u>	1/4 _____ 1/4, Sec <u>9</u> T <u>1N</u> R <u>2E</u>
City _____ State _____ Zip Code _____	Miles _____ of _____
Telephone No. (____) _____	(Distance) _____ (Direction) _____ (Nearest Town) _____

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 8-19-13 Rated Pump Capacity: 20 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 1 Setting Depth: 120' feet Number of Stages: 8'

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

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

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement

**RECEIVED**

**BY: [Signature]**

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David Fitzgerald - 029 8-19-13 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer