

State Well Report

Part 1

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: 8-24-04

For Office Use Only:
 Aquifer: _____
 Well #: R-62
 L. S. Elevation: _____
 E-log #: _____

Fitzgerald Well Service, Inc.

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Mike Gurney</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Home Center Rd.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Liberty</u> <u>ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>24</u> <u>3E</u> <u>1N</u> <u>1A</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>10</u> Miles <u>SW</u> of <u>Liberty</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Poultry House

Date well drilling started: 8-24-04 Date well drilling completed: 8-24-04

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 75' feet above or below (circle one) land surface Date measured: 8-24-04

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

Hole depth: 170' Well depth: 170' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150' feet Casing diameter: 4" inches Type of casing: Pvc

Screen length: 20' feet Screen diameter: 4" inches Type of screen: Pvc

Screen slot size: 019/62 inches Setting depth: From 150-160 feet to 160-170 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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

Beul Stogard Brian Fitzgerald 029 Beul Stogard
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Signature of Well Contractor

Bruce St. ...

Landowner Name: *Mike Gurney*

Lower Centerville Rd

West

East

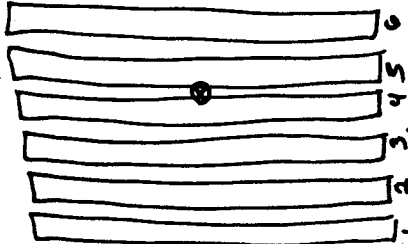
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Well # 1

faulty houses



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) indicate direction.

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

Description of Formations Encountered		From	To
Clay		0	30
sand gravel		30	60
sand		60	80
sand		80	90
clay		90	120
sand		120	140
course sand		140	170

Ground Level

If well telescopes please sketch below and show depths.

R-62

