

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)

For Office Use Only:

Aquifer: _____
Well #: B-63
L. S. Elevation: _____
E-log #: _____

County: Amite 005
Permit #: _____
Driller: Fitzgerald Well Serv
Date drilling completed: 8-25-04

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>Lower Centerville Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Liberty</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>24</u> Twn <u>3E</u> Rng <u>14</u> <u>3E</u>
Telephone No. () _____	Distance <u>10</u> Miles <u>SW</u> Direction of <u>Liberty</u> Nearest Town

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Poultry House
Date well drilling started: 8-25-04 Date well drilling completed: 8-25-04
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 25' feet above or below (circle one) land surface Date measured: 8-25-04
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 168' Well depth: 168' Well grouted to a depth of 10' feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 158 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: 10/012 inches Setting depth: From 148-158⁰¹⁰ feet to 158-168⁰¹² feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

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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): _____

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.

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

Brian Fitzgerald
Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 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)

For Office Use Only:

Aquifer: _____

Well #: B 63

Elevation: _____

County: Amite
 Permit #: _____
 Driller: Etzgerald Well Serv
 Date completed: 8-25-04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: Mike Gurney
 Mailing Address: Lower Centerville Rd
 City: Liberty MS State: _____ Zip Code: _____
 Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
 Distance: _____ Miles SW of Liberty Nearest Town
 Direction: _____
 1/4 Sec: 24 1/4 Rng: IN

Pump Type

Circle one
 Submersible
 Jet
 Piston
 Turbine
 Bucket
 Centrifugal
 Rotary
 Flowing Well

Power Type

Circle one
 Diesel Engine
 Gasoline Engine
 Natural Gas
 Hand
 Tractor PTO
 Windmill
 Other (specify): _____

Other (specify): _____
 Date Pump Installed: 8-25-04
 Rated Pump Capacity: _____ Gallons Per Minute

Horse Power Rating of Motor: 3
 Setting Depth: 120' feet
 Number of Stages: _____

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 _____ feet
 _____ feet after _____ hours of pumping

Print Name of Pump Installer and License No. (if applicable) Brad Fitzgerald

Signature of Pump Installer Brad Fitzgerald

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

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