

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Other (describe): \_\_\_\_\_

Type of completion (circle all applicable): Gravel packed Underrammed Telescoped Open hole Natural Development

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Screen length: \_\_\_\_\_ feet Screen diameter: \_\_\_\_\_ inches Type of screen: PVC

Casing length: \_\_\_\_\_ feet Casing diameter: \_\_\_\_\_ inches Type of casing: PVC

Well depth: \_\_\_\_\_ feet Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix

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

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: 11-14-09

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe): \_\_\_\_\_

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

*If drilling is not related to water well construction, also the remainder of this block*

Purpose of borehole (check one): Water Well \_\_\_\_\_ Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_

Other (describe): \_\_\_\_\_

Seismic Survey \_\_\_\_\_

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

Name of organization running log(s): \_\_\_\_\_

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Location of the source of any surface water used for drilling: \_\_\_\_\_

Date drilling started: 11-14-09 Date drilling completed: 11-14-09 Hole depth: 70' Hole diameter: 8"

**Well / Borehole Data**

Information on Well Owner (Landowner if borehole is not for a water well)

Owner Name: David Rusch Mailing Address: Strept Rd

City: Liberty State: MS Zip Code: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Well or Borehole Location

Latitude: 31° 2' 10.5" Longitude: 90° 51' 52.7" 53

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

Distance \_\_\_\_\_ Miles Direction \_\_\_\_\_ of \_\_\_\_\_ Nearest Town \_\_\_\_\_

Township: 5N Range: 3E Section: 35

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.

For Office Use Only:

Acquirer: RTH

Well #: \_\_\_\_\_

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

State Well Report  
 Part I - 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: 11-14-09



# 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: R74  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Wellbren  
 Date completed: 11-19-09  
 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**  
 Owner Name: David Kusch  
 Mailing Address: Street Rd.  
 City: Liberty MS  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**  
 Latitude: 30° 2' 10.5" Longitude: 90° 51' 52.7"  
 Method of Lat/Long (check one):  Conventional Survey \_\_\_\_\_  
 Hand-held GPS \_\_\_\_\_  
 Survey-grade GPS \_\_\_\_\_  
 USGS quad \_\_\_\_\_  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
 Miles \_\_\_\_\_ of \_\_\_\_\_

**Pump Type**  
 Circle one  
 Air Lift  Jet  Piston  Turbine  Submersible   
 Bucket   
 Centrifugal  Rotary  Flowing Well

**Power Type**  
 Circle one  
 Diesel Engine  Gasoline Engine  Natural Gas   
 Windmill  Hand  Tractor PTO   
 Electric Motor

Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 3/4  
 Setting Depth: 62' feet  
 Number of Stages: 12

**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

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): Brad Fitzgerald 029  
 Signature of Pump Installer: Brad Fitzgerald  
 Form: OLWR-SWR-1B