

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)

For Office Use Only:

Aquifer: _____
Well #: 5-47
L. S. Elevation: _____
E-log #: _____

County: Amite
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 11-7-05

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>Jim Jolly</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Mary Wall Bldg Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Liberty</u> <u>ms.</u>	_____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>1N</u> Rng <u>4E</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	<u>8</u> Miles <u>S</u> of <u>Liberty</u>
Well / Borehole Data	
Date drilling started: <u>11-7-05</u> Date drilling completed: <u>11-7-05</u> Hole depth: <u>150'</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 <u>2"</u> Other (describe) _____	
Static Water Level: <u>+4'</u> feet above or below (circle one) land surface Date measured: <u>11-7-05</u>	
Method of Measurement (circle one) <u>(steel tape)</u> electric tape air line other: _____	
Well depth: <u>150'</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>140'</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>.010</u> inches Setting depth: From <u>140'</u> feet to <u>150'</u> feet	
Type of completion (circle all applicable): <u>(Gravel packed)</u> 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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BY: OLWR

5-47

The sketch below only required for water wells

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

If well telescopes, show depths on sketch

Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	10
Sand & gravel	10	30
Clay	30	50
Sand	50	70
Clay	70	120
fine sand	120	140
Coarse Sand	140	150

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) a north arrow.

Landowner Name: Jim Jolly

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.

Brad Fitzgerald 029 11-7-05 Brad 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): Bird Fitzgerald 0291

Signature of Pump Installer: [Signature]

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

Air Line _____ Electric Measuring Line _____ Steel Tape _____

Circle one

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____

_____ feet after _____ hours of pumping

Pump Type

Circle one

Air Lift _____ Jet _____ Submersible _____

Bucket _____ Piston _____ Turbine _____

Centrifugal _____ Rotary _____ Flowing Well _____

Other (specify): _____

Date Pump Installed: 11-9-05

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Diesel Engine _____ Gasoline Engine _____ Natural Gas _____

Electric Motor _____ Hand _____ Tractor PTO _____

Windmill _____ Other (specify): 1/2

Horse Power Rating of Motor: _____

Setting Depth: 40 feet

Number of Stages: 8

Well Owner Information

Owner Name: Jim Tolly

Mailing Address: Newkell Road

City: Liberty State: MS Zip Code: _____

Telephone No. () _____

Well Location

Latitude: _____

Longitude: _____

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____

Distance _____ Direction _____ Nearest Town _____

_____ Miles _____ of Liberty

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.

For Office Use Only:

Aquifer: _____

Well #: 5-47

Elevation: _____

Part 2

STATE WELLS REPORT

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)

Copy information from block on Part 1

County: Attala

Permit #: _____

Driller: Fitzgerald Well Seeps

Date completed: 11-9-05