

# 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)

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Serv  
Date drilling completed: 3-16-10

For Office Use Only:  
Aquifer: S 53  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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 <i>(Lender or if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Amite Duck Creek LLC</u>	Latitude: <u>31° 1' 42.7"</u> Longitude: <u>90° 46' 29.2"</u>
Mailing Address: <u>Greenburg Rd.</u>	Method of Lat/Long (circle one): <u>43</u> Conventional Survey
<u>Liberty</u> MS City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. ( ) _____	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec. <u>26</u> Twn <u>1N</u> Rng <u>4E</u>
	<u>SW</u> SE Direction <u>23</u> Nearest Town
	Miles _____ of _____
Well / Borehole Data	
Date drilling started: <u>3-16-10</u> Date drilling completed: <u>3-16-10</u> Hole depth: <u>116'</u> Hole diameter: <u>8"</u>	
Location of the source of any surface water used for drilling: _____	
Method of casing 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 _____ Other (describe) _____	
Static Water Level: <u>66'</u> feet above or below (circle one) land surface Date measured: <u>3-16-10</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>116'</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>106'</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>.012</u> inches Setting depth: From <u>106'</u> feet to <u>116'</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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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): Brad Fitzgerald 029  
 Signature of Pump Installer: *Brad Fitzgerald*

**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

For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Pump Type**

Air Lift \_\_\_\_\_  
 Bucket \_\_\_\_\_  
 Centrifugal \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

Submersible \_\_\_\_\_ Circle one  
 Turbine \_\_\_\_\_  
 Piston \_\_\_\_\_  
 Rotary \_\_\_\_\_  
 Flowing Well \_\_\_\_\_

Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute  
 Date Pump Installed: 3-16-10  
 Horse Power Rating of Motor: 1  
 Setting Depth: 100 feet  
 Number of Stages: 8

**Power Type**

Diesel Engine \_\_\_\_\_  
 Gasoline Engine \_\_\_\_\_  
 Natural Gas \_\_\_\_\_  
 Hand \_\_\_\_\_  
 Tractor PTO \_\_\_\_\_  
 Electric Motor \_\_\_\_\_ Circle one  
 Windmill \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

**Well Owner Information**

Owner Name: Mike Buck Creek LLC  
 Mailing Address: Greensburg  
 City: Liberty MS  
 State: MS  
 Zip Code: \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**

Latitude: 31° 1' 42.7" Longitude: 90° 46' 29.2"  
 Method of Lat/Long (check one): Conventional Survey  
 USGS quad \_\_\_\_\_ Hand-held GPS \_\_\_\_\_ Survey-grade GPS \_\_\_\_\_  
 Distance \_\_\_\_\_ Miles \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
 \_\_\_\_\_ of \_\_\_\_\_

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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:

Permit #: \_\_\_\_\_  
 Aquifer: SS3  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

Mississippi Department of Environmental Quality  
 Pump Installer's Completion Report  
 Part 2  
 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 completed: 3-16-10

STATE WELL REPORT