

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Serv.  
 Date drilling completed: 2-6-09

### 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 #: T-68  
 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>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Thomas Tate</u>	Latitude: <u>31° 3' 40.5"</u> Longitude: <u>90° 41' 21.9"</u>
Mailing Address: <u>Hampton Rd</u>	Method of Lat/Long (circle one): <u>40</u> Conventional Survey, <u>22</u>
<u>Gilsuby</u> <u>ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE</u> 1/4 Sec <u>10</u> Twn <u>1N</u> Rng <u>5E</u>
Telephone No. ( )	Distance Direction Nearest Town Miles of

**Well / Borehole Data**

Date drilling started: 2-6-09 Date drilling completed: 2-6-09 Hole depth: 6100' Hole diameter: 8"

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): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

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

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

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

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

Static Water Level: 60' feet above or below (circle one) land surface Date measured: 2-6-09

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

Well depth: 100' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 90' feet to 100' 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 next page***

Form: OLWR-SWR-1A

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# 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:

Acquirer: \_\_\_\_\_  
Well #: T-68  
Elevation: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Intrepid Well Service  
Date completed: 2-6-09  
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: Thomas Lupo  
Mailing Address: Hampton Rd  
Collings MS  
City State Zip Code \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_

**Well Location**  
Latitude: 31° 3' 40.5" Longitude: 90° 41' 26.4"  
Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_  
Distance \_\_\_\_\_ Miles of \_\_\_\_\_  
Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
\_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

**Pump Type**  
Circle one  
Air Lift \_\_\_\_\_ Jet \_\_\_\_\_ Piston \_\_\_\_\_ Turbine \_\_\_\_\_  
Bucket \_\_\_\_\_ Centrifugal \_\_\_\_\_ Rotary \_\_\_\_\_ Flowing Well \_\_\_\_\_  
Other (specify): \_\_\_\_\_

Date Pump Installed: 2-6-09  
Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

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

Windmill \_\_\_\_\_ Other (specify): \_\_\_\_\_  
Horse Power Rating of Motor: 1/2  
Setting Depth: 50' feet  
Number of Stages: 8

**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 after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Signature of Pump Installer: [Signature]  
Print Name of Pump Installer and License No. (if applicable): Brad E. Gwalt 0291

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Form: OLWR-SWR-1B  
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