

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 #: T69
L. S. Elevation: _____
E-log #: _____

County: Amite

Permit #: _____

Driller: Elzgerald Well Serv

Date drilling completed: 8-5-09

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)

Owner Name: Norma Jean Jones

Mailing Address: Hampton Rd

Wheeler MS
City State Zip Code

Telephone No. () _____

Well or Borehole Location

Latitude: 31° 3' 33.6" Longitude: 90° 41' 28.9"
34" 29"

Method of Lat/Long (circle one): Conventional Survey

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

SW SE 10 Twn IN Rng SE

Distance Direction Nearest Town
Miles of _____

Well / Borehole Data

Date drilling started: 8-4-09 Date drilling completed: 8-4-09 Hole depth: 100 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: 66' feet above or below (circle one) land surface Date measured: 8-5-09

Method of Measurement (circle one) steel tap 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 pack 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

RECEIVED
AUG 17 2009
BY: OLWR

Form: OLWR-SWR-1B

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 Fitzgerald*

<p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p>Method of Measuring Water Level</p> <p>Air Line _____</p> <p>Electric Measuring Line _____ <u>Steel Tap</u></p> <p>Circle one</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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<p>Pump Type</p> <p>Circle one</p> <p>Submersible _____</p> <p>Jet _____</p> <p>Piston _____</p> <p>Turbine _____</p> <p>Flowing Well _____</p> <p>Centrifugal _____</p> <p>Bucket _____</p> <p>Air Lift _____</p>	<p>Power Type</p> <p>Circle one</p> <p>Diesel Engine _____</p> <p>Gasoline Engine _____</p> <p>Hand _____</p> <p>Tractor PTO _____</p> <p>Natural Gas _____</p> <p>Electric Motors _____</p> <p>Windmill _____</p> <p>Other (specify): _____</p> <p>Horse Power Rating of Motor: <i>3/4</i></p> <p>Setting Depth: <i>90</i> feet</p> <p>Number of Stages: <i>12</i></p>
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<p>Well Owner Information</p> <p>Owner Name: <i>Norma Jean Jones</i></p> <p>Mailing Address: <i>Hampton Rd.</i></p> <p>City: <i>Liberty MS</i></p> <p>State: _____</p> <p>Zip Code: _____</p> <p>Telephone No. () _____</p>	<p>Well Location</p> <p>Latitude: <i>31° 3' 33.6"</i></p> <p>Longitude: <i>90° 41' 25.9"</i></p> <p>Method of Lat/Long (check one): <u>Conventional Survey</u></p> <p>USGS quad _____</p> <p>Hand-held GPS _____</p> <p>Survey-grade GPS _____</p> <p>Distance _____</p> <p>Direction _____</p> <p>Nearest Town _____</p> <p>Miles _____ of _____</p>
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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:

Acquiter: _____

Well #: *T69*

Elevation: _____

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)

County: *Franklin*

Permit #: _____

Driller: *Brad Fitzgerald Wellbore*

Date completed: *8-5-09*

Copy information from block on Part 1