

# STATE WELL REPORT

263

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 12-3-19

**Part 1**  
**Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5555  
 (601)961-5228 (fax)

## For Office Use Only:

Well #: T 91  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Tim Brady</u>		Latitude: <u>31° 0' 8.7"</u> Longitude: <u>90° 40' 27.2"</u>	
Mailing Address: <u>Brandy Ln</u>		Method of Lat/Long (check one): Conventional Survey _____	
USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		SE <u>1/4</u> SW <u>1/4</u> , Sec <u>35</u> T <u>1N</u> R <u>5E</u>	
<u>Liberty</u> City	<u>MS</u> State	_____ Miles (Distance)	_____ of _____ (Direction) (Nearest Town)
Zip Code _____		Telephone No. (____) _____	

Well / Borehole Data	
Date drilling started: <u>12-3-19</u>	Date drilling completed: <u>12-3-19</u> Hole depth: <u>160'</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 (check all applicable): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> 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 all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>60'</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>12-3-19</u> (check one)	
Method of measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>160'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>140'</u> feet	Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20'</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>160'</u> feet	
Type of completion (check all applicable) <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> 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>	

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Permit #: \_\_\_\_\_

**For Office Use Only:**

Well #:

**The sketch below only required for water wells**

*If well telescopes, show depths on sketch.*

### Ground Level

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

[illegible]

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) north arrow

Landowner Name: Tim Brady

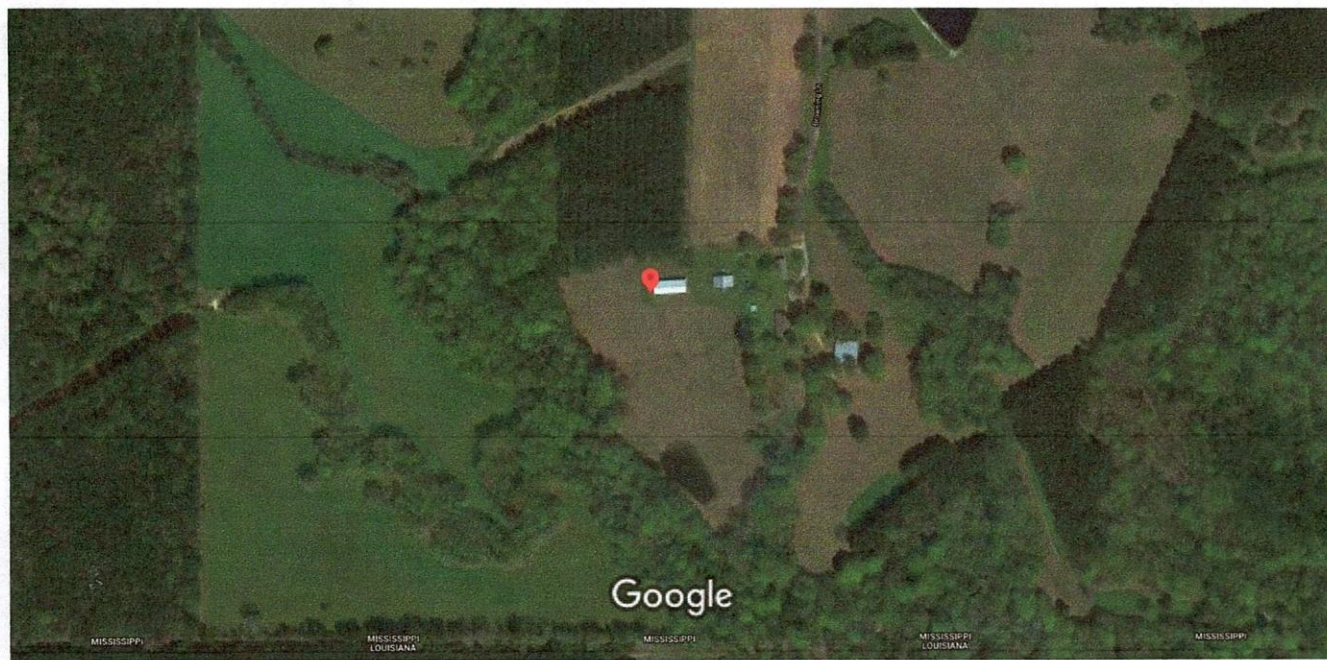
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. Brad Fitzgerald 024

12-3-19  
Date

Signature of Licensee

Google Maps 31°00'08.7"N 90°40'27.2"W



Imagery ©2020 Maxar Technologies, U.S. Geological Survey, USDA Farm Service Agency, Map data ©2020 200 ft

Tim Brady

Browning Ln.

12-3-19

160'

60'

100'

5 HP.

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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 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

### For Office Use Only:

Well #: T 91

Aquifer: \_\_\_\_\_

County: Adams

Permit #: \_\_\_\_\_

Driller: Fitzgerald well serv

Date completed: 12-3-19

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: Tim Brady  
Mailing Address: Bearing Ln.  
L. Brady MS State Zip Code  
City \_\_\_\_\_  
Telephone No. (\_\_\_\_) \_\_\_\_\_

**Well Location**  
Latitude: 31° 0' 8.7" Longitude: 90° 40' 27.2"  
Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_  
SE ¼ SW ¼, Sec 35 T 1N R 5E  
\_\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_  
(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**  
Submersible ☒ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): \_\_\_\_\_  
Date Pump Installed: 12-3-19 Rated Pump Capacity: 80 Gallons Per Minute  
Is This Pump (check one): ☒ New ☐ Repaired ☐ Replacement

**Power Type (check one)**  
Electric ☒ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 5 Setting Depth: 100 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**  
Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
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  
Method of measurement (check one): Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
Measured shut in head: \_\_\_\_\_ feet  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
Is This Meter (check one): ☐ New ☐ Repaired ☐ Replacement

**Important:** By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Brad Fitzgerald 029 12-3-19 Brad Fitzgerald  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)