

State Well Report

Part 1

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 #: LL-73
L. S. Elevation: _____
E-log #: _____

County: Amite 005
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 8-20-04

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Russ Reeves</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Mixon Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Liberty</u> <u>MS</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>4</u> Twn <u>1N</u> Rng <u>6E</u>
Telephone No. (____) _____	Distance <u>5</u> Miles Direction <u>NE</u> of Nearest Town <u>Giltsburg</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 8-20-04 Date well drilling completed: 8-20-04

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 54' feet above or below (circle one) land surface Date measured: 8-20-04

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

Hole depth: 90' Well depth: 90' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .02 inches Setting depth: From 80 feet to 90 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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

Brian Fitzgerald 029
Print Name of Water Well Contractor and License No.

Brian Fitzgerald
Signature of Water Well Contractor

RECEIVED
AUG 26 2004
BY: OLWR

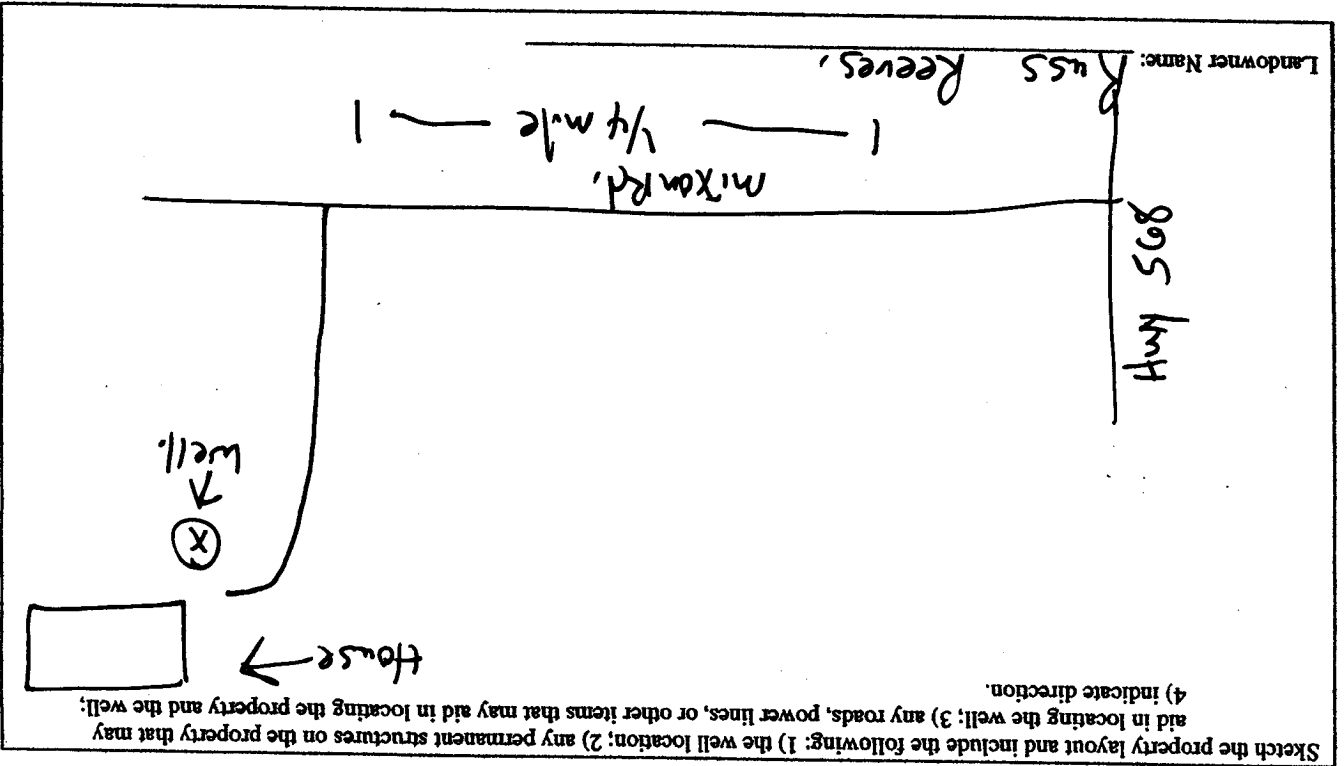
BY: OLMWR

AUG 26 2004

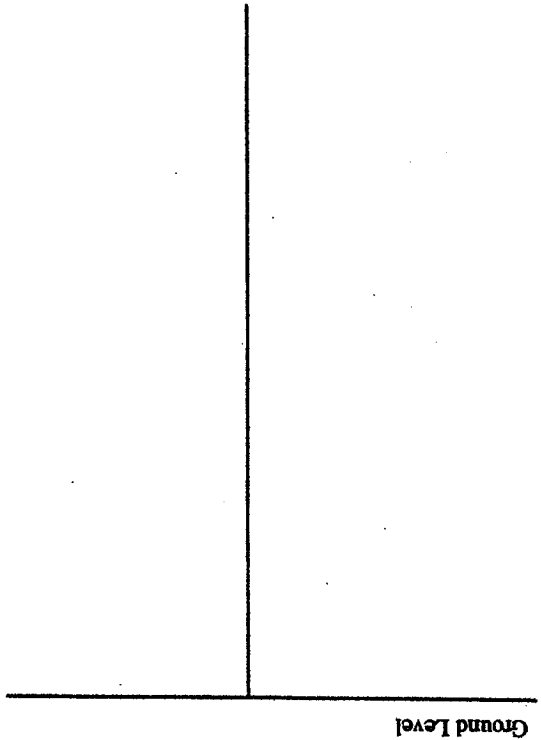
RECEIVED

Signature of Water Well Contractor

Bond St. [Signature]



If more than one screen, show location of each on sketch



If well telescopes please sketch below and show depths.

Description of Formations Encountered		
From	To	
0	20	clay
20	40	clay
40	60	sand
60	80	sand
80	90	course sand & gravel

11-73

STATE WELL REPORT

U-73

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date completed: 8-20-04

For Office Use Only:
 Aquifer: _____
 Well #: _____
 Elevation: _____

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)

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information
 Owner Name: Russ Reeves
 Mailing Address: Anton Rd
Liberty MS
 City State Zip Code
 Telephone No. () _____

Well Location
 Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
 1/4 _____ 1/4 Sec 4 Twn 1N Rng 6E
 Distance Direction Nearest Town
5 Miles NE of Gilburg

Pump Type
 Circle one
 Air Lift Jet Piston Rotary
 Bucket _____ Turbine _____
 Centrifugal _____ Rotary _____
 Other (specify): _____
 Date Pump Installed: 8-20-04
 Rated Pump Capacity: 12 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 3/4
 Setting Depth: 75' feet
 Number of Stages: 12

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.
Brad Fitzgerald 029
 Print Name of Pump Installer and License No. (if applicable)
Brad Fitzgerald
 Signature of Pump Installer

RECEIVED
 AUG 26 2004
 BY: OLWR