

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 Service
Date drilling completed: 3-6-06

For Office Use Only:
Aquifer: _____
Well #: U-83
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Tony Santalacito</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hwy 584</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Oxyka</u> <u>ms</u> City State Zip Code	____ 1/4 ____ 1/4 Sec <u>26</u> Twn <u>01N</u> Rng <u>06E</u>
Telephone No. (____) _____	Distance <u>5</u> Miles <u>West</u> Direction of <u>Oxyka</u> Nearest Town
Well / Borehole Data	
Date drilling started: <u>3-6-06</u> Date drilling completed: <u>3-6-06</u> Hole depth: <u>105'</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 (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 _____ Industrial <input checked="" type="checkbox"/> Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>65'</u> feet above or below (circle one) land surface Date measured: <u>3-6-06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>105'</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>95'</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>95'</u> feet to <u>105'</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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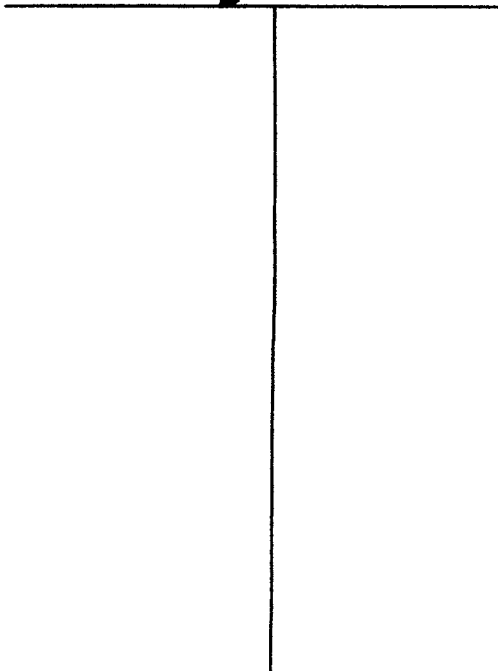
MAR 28 2006

BY: OLWR

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20
Sandy loam	20	40
silt/clay	40	80
clay	80	90
course sand	90	105

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) a north arrow.

Landowner Name: Tony Santalucia

Form: OLWR-SWR-1A

I 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. Blair Fitzgerald 029 Date 3-6-06

Signature of Licensee *Blair Fitzgerald*

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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) David Fitzgerald 029

Signature of Pump Installer [Signature]

<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>Circle one</p> <p>Air Line _____</p> <p>Electric Measuring Line _____ <u>Steel Tape</u></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet</p> <p>hours of pumping _____</p>
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<p>Pump Type</p> <p>Circle one</p> <p>Air Lift _____</p> <p>Bucket _____</p> <p>Centrifugal _____</p> <p>Flowing Well _____</p> <p>Rotary _____</p> <p>Turbine _____</p> <p><u>Submersible</u></p>	<p>Power Type</p> <p>Circle one</p> <p>Diesel Engine _____</p> <p>Gasoline Engine _____</p> <p>Natural Gas _____</p> <p>Electric Motor _____</p> <p>Hand _____</p> <p>Tractor PTO _____</p> <p>Windmill _____</p> <p>Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>3/4</u></p> <p>Setting Depth: <u>95</u> feet</p> <p>Number of Stages: <u>12</u></p>
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<p>Well Owner Information</p> <p>Owner Name: <u>Tony Santalucia</u></p> <p>Mailing Address: <u>149 584</u></p> <p>City: <u>Oxytoc</u> State: <u>MS</u> Zip Code: _____</p> <p>Telephone No. () _____</p>	<p>Well Location</p> <p>Latitude: _____</p> <p>Longitude: _____</p> <p>Method of Lat/Long (check one): <u>Conventional Survey</u></p> <p>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____</p> <p>Distance _____ Miles _____ Direction _____ Nearest Town _____</p> <p>_____ 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.

County: Amite

Permit #: _____

Driller: Fitzgerald Well Service

Date completed: 3-6-06

Copy information from block on Part I

Part 2

Pump Installer's Completion Report

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