

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 7-17-06

### 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 #: U-86  
 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>Shawn Johnson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hwy 568</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>Magnolia</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	____ 1/4 ____ 1/4 Sec <u>3</u> Twn <u>1N</u> Rng <u>6E</u>
Telephone No. (____) _____	Distance <u>6</u> Miles <u>West</u> Direction of <u>Magnolia</u> Nearest Town

**Well / Borehole Data**

Date drilling started: 7-17-06 Date drilling completed: 7-17-06 Hole depth: 110' 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: 7-17-06

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

Well depth: 110' Well grouted to a depth of 10' feet Type of grout (circle one):  neat cement  Bentonite  Mix

Casing length: 100' 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 100' feet to 110' 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

**RECEIVED**

AUG 02 2006

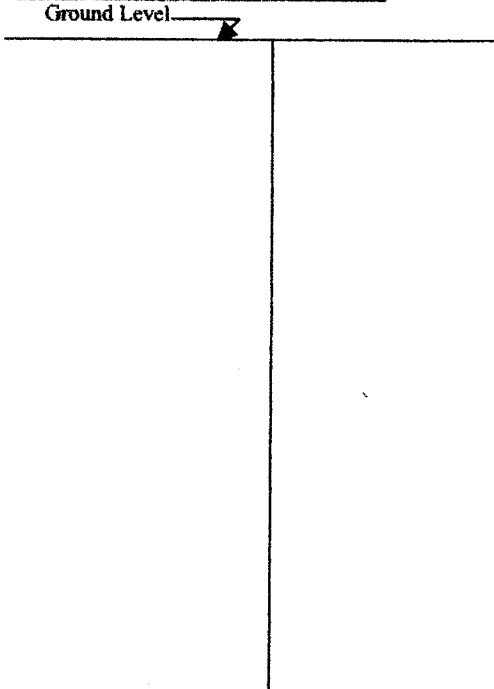
**BY: OLWR**

u-86

The sketch below only required for water wells

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

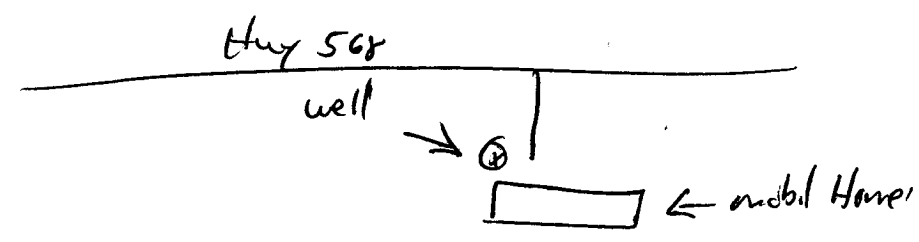
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Clay	0	20
Sand	20	40
gravel	40	60
Sand	60	80
Clay	80	90
Sand	90	100
Coarse Sand	100	110

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: Shaun Johnson

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.

Brad Fitzgerald      024      7-17-06      Brad Fitzgerald

Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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BY: OLWR

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): Brad Fitzgerald

Signature of Pump Installer: Brad Fitzgerald

**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

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**Method of Measuring Water Level**

Air Line \_\_\_\_\_ Electric Measuring Line \_\_\_\_\_ Steel Tape \_\_\_\_\_

Circle one

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_

\_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Pump Type**

Circle one

Air Lift \_\_\_\_\_ Jet \_\_\_\_\_ Submersible \_\_\_\_\_

Bucket \_\_\_\_\_ Piston \_\_\_\_\_ Turbine \_\_\_\_\_

Centrifugal \_\_\_\_\_ Rotary \_\_\_\_\_ Flowing Well \_\_\_\_\_

Other (specify): \_\_\_\_\_

Date Pump Installed: 7-17-06

Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

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**Power Type**

Circle one

Diesel Engine \_\_\_\_\_ Gasoline Engine \_\_\_\_\_ Hand \_\_\_\_\_ Electric Motor \_\_\_\_\_

Windmill \_\_\_\_\_ Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 1/2

Setting Depth: 90 feet

Number of Stages: 8

**Well Owner Information**

Owner Name: Shawn Johnson

Mailing Address: Hwy 568

City: Magnolia MS State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

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**Well Location**

Latitude: \_\_\_\_\_

Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_

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

Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_

Miles 6 West of Magnolia

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.

For Office Use Only:

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

Well #: U-86

Elevation: \_\_\_\_\_

Mississippi Department of Environmental Quality  
 Pump Installer's Completion Report  
 Office of Land and Water Resources  
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Copy information from block on Part 1

STATE WELL REPORT