

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 5-31-07

# 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-91  
 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>Kyleo Kent</u>	Latitude: <u>31° 00' 22.1"</u> Longitude: <u>90° 33' 12.6"</u>
Mailing Address: <u>Hwy 584s</u>	Method of Lat/Long (circle one): <u>22</u> Conventional Survey, <u>13</u>
<u>osyka ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City _____ State _____ Zip Code _____	<u>NW</u> 1/4 <u>SE</u> 1/4 Sec <u>36</u> Twn <u>1N</u> Rng <u>6E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 5-31-07 Date drilling completed: 5-31-07 Hole depth: 124' Hole diameter: 2"

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: 43' feet above or below (circle one) land surface Date measured: 5-31-07

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

Well depth: 124' Well grouted to a depth of 10' feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 134' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 0.012 inches Setting depth: From 1104' feet to 124' feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_

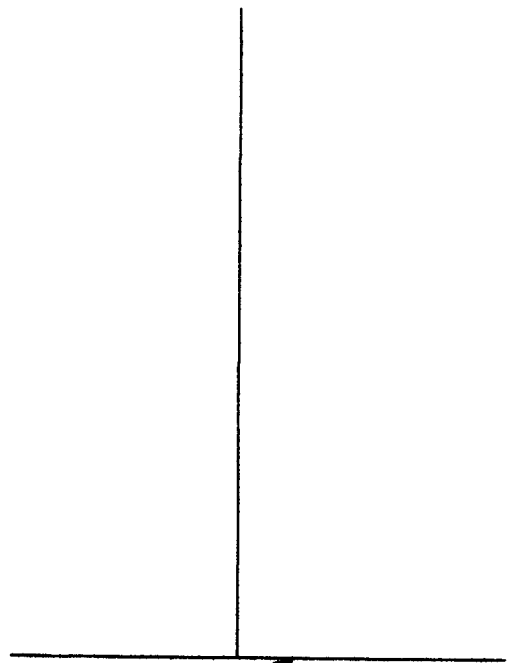
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. ***If telescoped or more than one screen, describe on next page***

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**BY: OLWR**

The sketch below only required for water wells

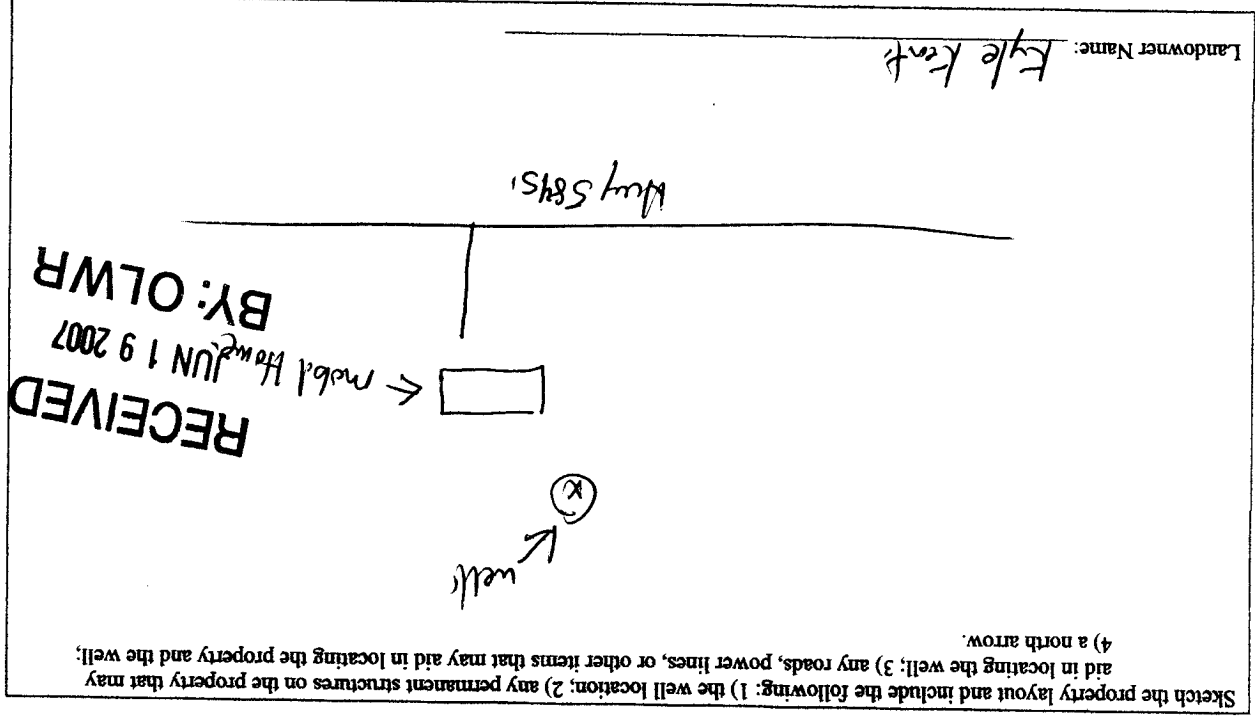
If well telescopes, show depths on sketch.

Ground Level



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.



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. Brad Fitzgerald 0241  
 Date 5-31-07  
 Signature of Licensee Brad Fitzgerald

# 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: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date completed: 5-31-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: U-91  
 Elevation: \_\_\_\_\_

*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	Well Location
Owner Name: <u>Kyle Kent</u>	Latitude: <u>31°00'22.1"</u> Longitude: <u>90°33'12.6"</u>
Mailing Address: <u>Hay 5845</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Osyka ms</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>Nw 1/4 Sec 36 T. 10 R. 6E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand _____      Tractor PTO _____
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>5-31-07</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>8</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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