

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 11-6-09

**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: U103  
 Well #: \_\_\_\_\_  
 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.*

<p align="center"><b>Information on Well Owner</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Jim Aykes</u>          Mailing Address: <u>Hwy 584</u>  <u>Gillsburg MS</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 1' 28.9"</u> Longitude: <u>90° 38' 42.9"</u>          Method of Lat/Long (circle one): <u>29</u> Conventional Survey, <u>43</u>          USGS quad, Hand-held GPS, Survey-grade GPS  <u>NW 1/4 NW 1/4 Sec 30 Twn 1N Rng 6E</u>          Distance Direction Nearest Town          Miles of _____</p>
<p><b>Well / Borehole Data</b></p>	
<p>Date drilling started: <u>11-6-09</u> Date drilling completed: <u>11-6-09</u> Hole depth: <u>60'</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 type="checkbox"/> Geotechnical/Geological Investigation <input checked="" type="checkbox"/> 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></p>	
<p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____          If a flowing well, method of flow regulation: Valve _____ Other (describe) _____          Static Water Level: <u>7'</u> feet above or below (circle one) land surface Date measured: <u>11-6-09</u>          Method of Measurement (circle one) <u>steel tap</u> electric tap air line other: _____          Well depth: <u>60'</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>50'</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>50'</u> feet to <u>60'</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></p>	

Form: OLWR-SWR-1A

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: U103

Well #:

Elevation:

Country: Amte  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Drac  
 Date completed: 11-6-09  
 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: Jim Dykes  
 Mailing Address: 1475 S 94  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No. (\_\_\_\_) \_\_\_\_\_

### Well Location

Latitude: 31° 1' 28.9" Longitude: 90° 38' 42.9"  
 Method of Lat/Long (check one):  Conventional Survey  USGS quad  Hand-held GPS  Survey-grade GPS  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
 Miles \_\_\_\_\_ of \_\_\_\_\_

### Pump Type

Circle one  
 Air Lift  Jet  Submersible   
 Bucket  Piston  Turbine   
 Centrifugal  Rotary  Flowing Well   
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: \_\_\_\_\_  
 Rated Pump Capacity: \_\_\_\_\_ 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: \_\_\_\_\_  
 Setting Depth: \_\_\_\_\_ feet  
 Number of Stages: \_\_\_\_\_

### 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.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OKMSW-1B RECEIVED

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