

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Amite

Permit #: _____

Driller: Fitzgerald Well Seer

Date drilling completed: 6-17-11

For Office Use Only:

Aquifer: V 114

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>George McVah</u>	Latitude: <u>31° 4' 49.4"</u> Longitude: <u>90° 32' 57.1"</u>
Mailing Address: <u>McLendon Rd.</u>	Method of Lat/Long (circle one): <u>49</u> Conventional Survey, <u>54</u>
<u>Gilburg</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>N</u> 1/4 <u>SE</u> 1/4 Sec <u>S</u> Twn <u>1N</u> Rng <u>6E</u>
Telephone No. () _____	Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 6-17-11 Date drilling completed: 6-17-11 Hole depth: 98' 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: 25' feet above or below (circle one) land surface Date measured: 6-17-11

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

Well depth: 98' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 78' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 010/012 inches Setting depth: From 78' feet to 98' feet

Type of completion (circle all applicable): Gravel pack 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 (04/08)

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JUN 24 2011
BY: OLWR

REV. 01/01/88
JUN 7 2003

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Form: OLWR-SWB/TG (02-09)

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) Bird Fitzgerald
 Signature of Pump Installer [Signature]

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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
 Air Line _____
 Circle one Steel Tape Electric Measuring Line
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Pump Type
 Air Lift _____
 Bucket _____
 Centrifugal _____
 Other (specify): _____
 Date Pump Installed: 6-17-11
 Rated Pump Capacity: 33 Gallons Per Minute

Power Type
 Diesel Engine _____
 Gasoline Engine _____
 Circle one Electric Motor Hand Tractor PTO
 Windmill _____
 Other (specify): _____
 Horse Power Rating of Motor: 2
 Setting Depth: 20 feet
 Number of Stages: _____

Well Owner Information
 Owner Name: George Michael McLenahan
 Mailing Address: McLenahan Rd
 City: Gilbert, MS State: _____ Zip Code: _____
 Telephone No. () _____

Well Location
 Latitude: 31° 4' 49.4" Longitude: 90° 37' 54.1"
 Method of Lat/Long (check one): _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 Distance _____ Miles _____ Direction _____
 Nearest Town _____ of _____

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 #: _____
 Elevation: _____

STATE WELL REPORT
 Part 2
 Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Amite
 Permit #: Fitzgerald Well Serv
 Driller: Bird Fitzgerald
 Date completed: 6-17-11
 Copy information from block on Part 1