

#2

# STATE WELL REPORT

318

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 9-14-18

**Part 1  
 Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Well #: LL139  
 Aquifer: \_\_\_\_\_  
 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><b>Well Owner Information</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Russ Reeves</u>          Mailing Address: <u>Hy 568</u>  <u>Giltsburg</u> <u>ms</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 4' 54.1"</u> Longitude: <u>90° 36' 10.4"</u>          Method of Lat/Long (check one): Conventional Survey _____,          USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____  <u>SE 1/4 NE 1/4, Sec A T 1 N R 10 E</u>          _____ Miles _____ of _____          (Distance) (Direction) (Nearest Town)</p>
---	---

**Well / Borehole Data**

Date drilling started: 9-14-18 Date drilling completed: 9-14-18 Hole depth: 68' 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 (check all applicable):  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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
 Other (describe): Poultry House  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 20' feet  above or  below land surface Date measured: 9-14-18  
 (check one)  
 Method of measurement (check one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_  
 Well depth: 68' Well grouted to a depth of: 40' feet Type of grout (check one):  Neat Cement  Bentonite  Mix  
 Casing length: 48' feet Casing diameter: 4" inches Type of casing: PVC  
 Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC  
 Screen slot size: 1.010 inches Setting depth: From 48' feet to 68' feet  
 Type of completion (check all applicable):  Gravel packed  Underreamed  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of tap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

RECEIVED  
 DEC 21 2018  
 BY OLWR

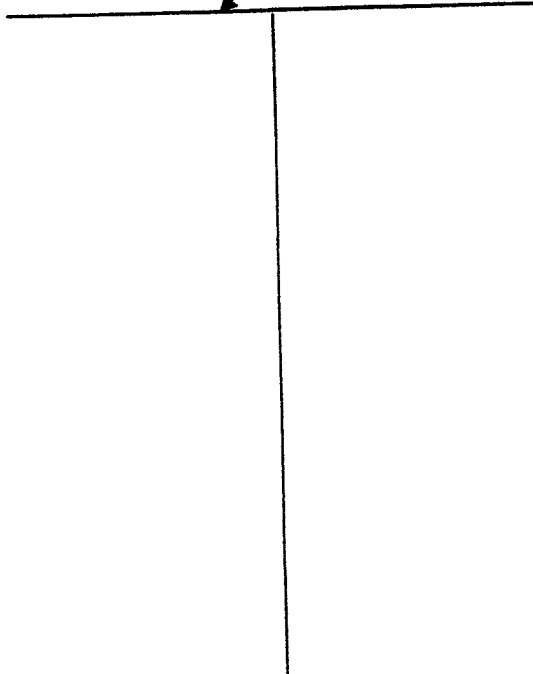
County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 1139

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
gravel	20	40
Coarse Sand	40	68

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) north arrow

Landowner Name: Russ Reeves

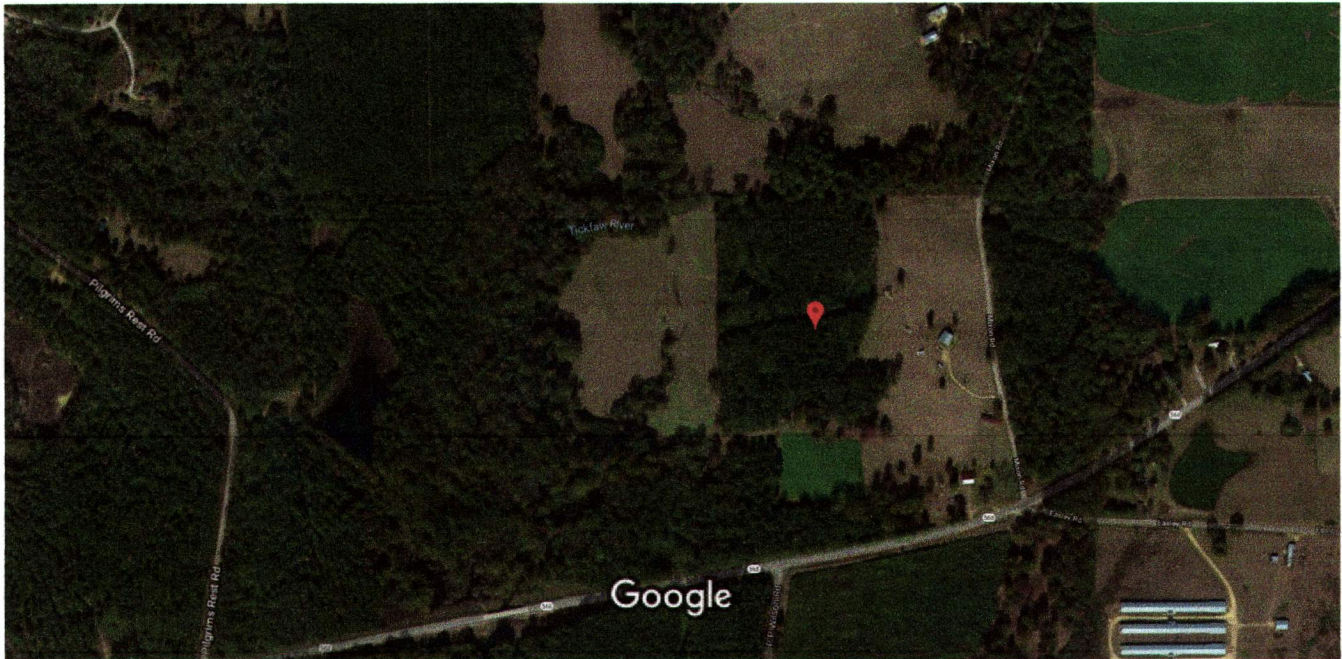
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Brian Fitzgerald      029      9-14-18  
 Print Name of Responsible Licensee and License No.      Date

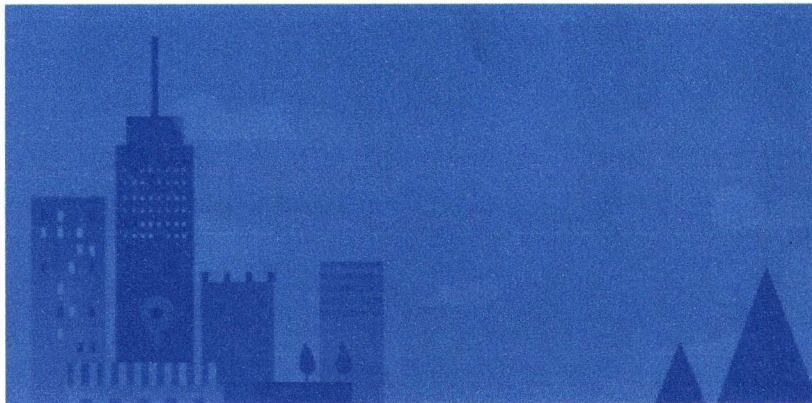
[Signature]  
 Signature of Licensee

U139

Google Maps 31°04'54.1"N 90°36'10.4"W



Imagery ©2018 Google, Map data ©2018 Google 200 ft



31°04'54.1"N 90°36'10.4"W  
31.081702, -90.602901

RECEIVED  
DEC 21 2018  
BY OLWR

#2

NA, MS

39JW+MR Gillsburg, Mississippi

Russ Reeves

9-14-19

68'

20'

50'

1/2

# 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 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

#### For Office Use Only:

Well #: U139  
Aquifer: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Service  
Date completed: 9-14-18.  
*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	Well Location
Owner Name: <u>Russ Reeves</u>	Latitude: <u>31°45'54.1"</u> Longitude: <u>90°36'10.4"</u>
Mailing Address: <u>Hwy 564</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Giltsburg</u> <u>MS</u>	<u>SE ¼ NE ¼, Sec 4 T1N R6E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 9-14-18. Rated Pump Capacity: 25 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 1 1/2 Setting Depth: 50' feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

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

Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (check one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Brad Fitzgerald 029 9-14-18. [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer