

# 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)

County: Licolen  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald well serv  
Date drilling completed: 7-10-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: H-104  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the licensee 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>Scott Smith</u>	Latitude: <u>31.35.11</u> " Longitude: <u>90.22.248</u>
Mailing Address: <u>Smith lake rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>25</u>
<u>Brookhaven ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>56 1/4 Sec 11 Twn 7R Rng 8E</u>
Telephone No. ( )	Distance Direction Nearest Town
	Miles of

**Well / Borehole Data**

Date drilling started: 7-10-07 Date drilling completed: 7-10-07 Hole depth: 114' Hole diameter: 7"

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: Poultry

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 71' feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 114' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 85' feet Casing diameter: 4" inches Type of casing: Pvc

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

Screen slot size: Blank 10" inches Setting depth: From 85-95' 0.2 feet to 105-115' 0.10 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 submersed or more than one screen, describe on next page*

Form: OLWR-SWR-1A

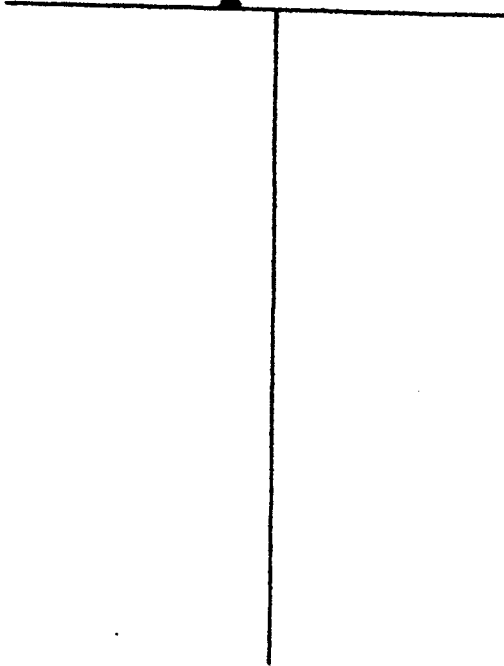
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14-104

The sketch below only required for water wells.

If well screens show depths on sketch.

Ground Level →

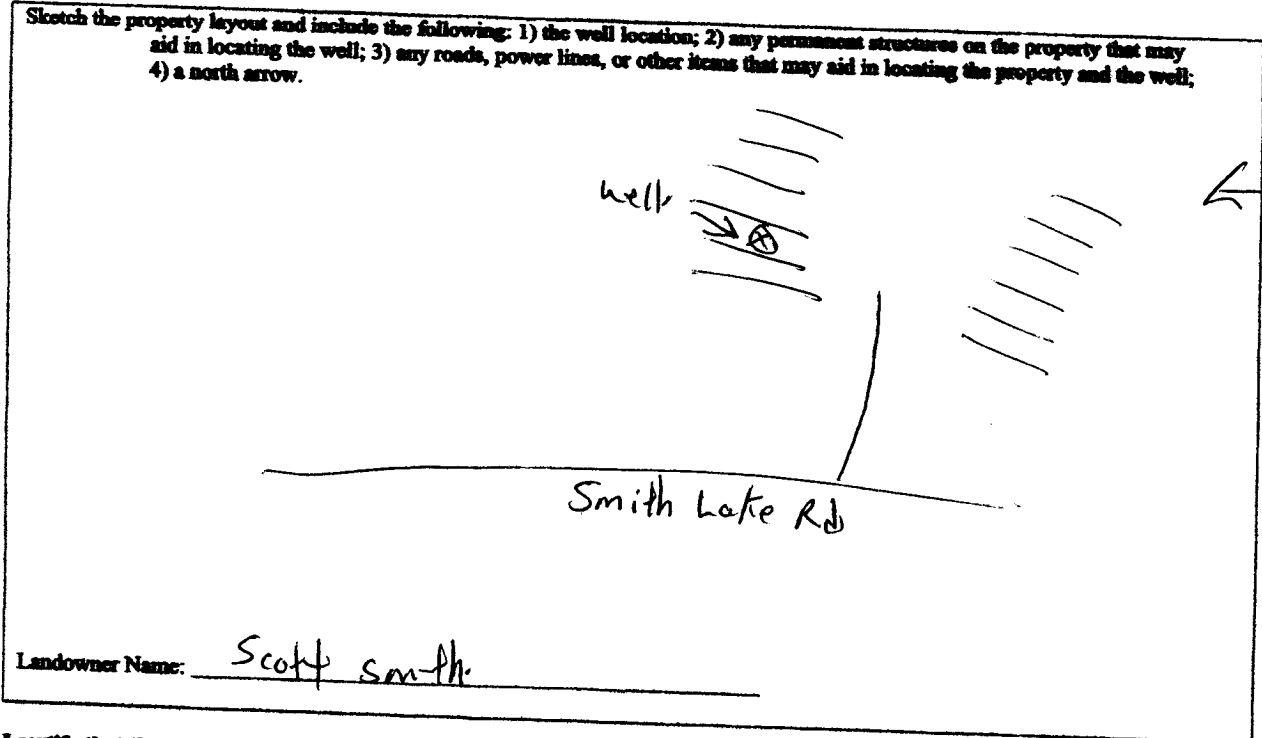


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20
Sand	20	40
Gravel	40	60
Sand	60	70
Sand	70	80
course Sand	80	95
clay	95	105
course Sand	105	115

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: Scott Smith

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 0791 7-10-07  
Print Name of Responsible Licensee and License No. Date

Brad Fitzgerald  
Signature of Licensee

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M. OLIVER

# 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: Lico/ln  
 Permit #: \_\_\_\_\_  
 Driller: Bitzgerald Well Serv  
 Date completed: 7-10-07  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H-104  
 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>Scott Smith</u> Mailing Address: <u>Smith Lake Rd</u> <u>Brookhaven MS</u> <small>City State Zip Code</small> Telephone No. ( ) _____	Latitude: <u>31° 35' 11"</u> Longitude: <u>90° 22' 24.8"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>SE ¼ Sec 11 T 7N R 8E</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u> Bucket        Piston      Turbine Centrifugal    Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>7-10-07</u> Rated Pump Capacity: <u>35</u> Gallons Per Minute	Diesel Engine      Gasoline Engine      Natural Gas <u>Electric Motor</u> Hand                      Tractor PTO Windmill            Other (specify): _____ Horse Power Rating of Motor: <u>3</u> Setting Depth: <u>100'</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
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	Air Line      Electric Measuring Line <u>Steel Tape</u> 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.

Brad Fitzgerald      029  
 Print Name of Pump Installer and License No. (if applicable)

Brad Fitzgerald  
 Signature of Pump Installer