

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

### For Office Use Only:

Well #: L159  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Wcoln  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Service  
Date drilling completed: 10-26-16

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Sharon Wilson</u>	Latitude: <u>31° 30' 35.2"</u> Longitude: <u>90° 29' 20.3"</u>
Mailing Address: <u>Richardson Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Boyer Chitto</u> MS State Zip Code _____	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. (____) _____	<u>NE</u> <input checked="" type="checkbox"/> <u>1/4</u> <u>NW</u> <input checked="" type="checkbox"/> <u>1/4</u> , Sec <u>10</u> T <u>6N</u> R <u>7E</u> <input checked="" type="checkbox"/>
	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

### Well / Borehole Data

Date drilling started: 10-26-16 Date drilling completed: 10-26-16 Hole depth: 50 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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 14' feet (above or below) land surface Date measured: 10-26-16  
(circle one)

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

Well depth: 50' Well grouted to a depth of: 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 40' feet Casing diameter: 4" inches Type of casing: PC

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

Screen slot size: .010 inches Setting depth: From 40' feet to 50' feet

Type of completion (circle all applicable): Gravel packed Underreamed 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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# 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: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date completed: 10-26-16  
Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L189  
 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>Sharon Wilson</u>	Latitude: <u>30° 30' 35.2"</u> Longitude: <u>90° 29' 20.3"</u>
Mailing Address: <u>Richardson Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bogachitto</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. ( ) _____	<u>NE 1/4 NW 1/4 Sec 10 T 6N R 7E</u>
	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: _____	Setting Depth: <u>40'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>8</u>

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

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

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

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

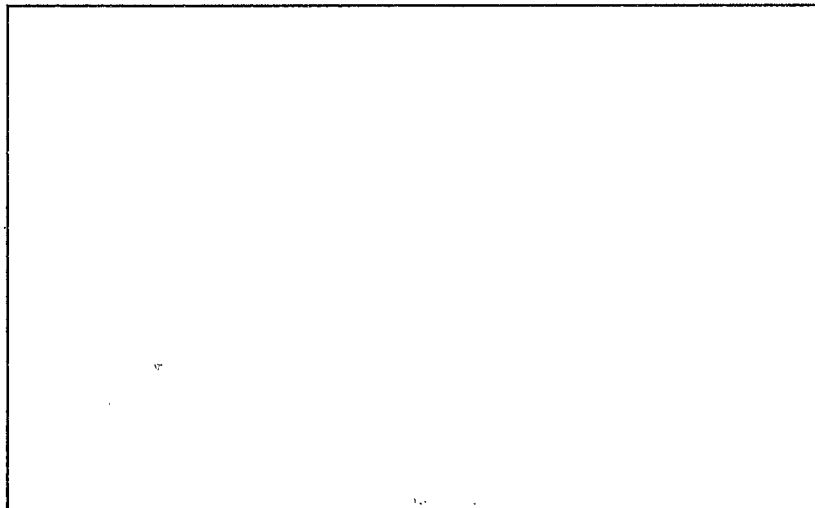
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W59

Google Maps 31°30'35.2"N 90°29'20.3"W



Imagery ©2016 Google, Map data ©2016 Google 200 ft



31°30'35.2"N 90°29'20.3"W

31.509788, -90.488978

Shannon Wilson 10-26-16  
 50-14-40  
 112

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