

**State Well Report  
Part I - 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: Licola  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Serv  
 Date drilling completed: 3-8-12.

For Office Use Only:  
 Aquifer: P 95  
 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>Karen Freeman.</u>	Latitude: <u>31° 24' 30.6"</u> Longitude: <u>90° 31' 59.2"</u>
Mailing Address: <u>Shannon Dr.</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Brookhaven</u> <u>MS</u>	USGS Quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>59° 59'</u> % <u>59'</u> % Sec. <u>17</u> Town <u>SN</u> Rng <u>7E</u>
Telephone No. ( )	Distance Direction Nearest Town
	Miles of

**Well/Borehole Data**

Date drilling started: 3-8-12. Date drilling completed: 3-8-12. Hole depth: 90' Hole diameter: 8"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of closing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): Neologs Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running logs: \_\_\_\_\_

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: 51' feet above or below (circle one) land surface Date measured: 3-8-12

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

Well depth: 90' Well grouted to a depth of 10' feet Type of grout (circle one): Sand Cement Bentonite Mix

Casing length: 80' 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 80' feet to 90' 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 telescoped or more than one screen, describe on next page.*

Form: OLWR-SWR-1A (04/08)

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**MAR 28 2012**  
**BY: OLWR**



# 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: P95  
 Elevation: \_\_\_\_\_

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Serv.  
 Date completed: 3-8-12.  
 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>Karen Freeman</u>	Latitude: <u>31° 24' 30.6"</u> Longitude: <u>90° 31' 59.2"</u>
Mailing Address: <u>Shannon Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Byochto ms.</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec. <u>17</u> T. <u>5N</u> R. <u>7E</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

Pump Type	Power Type
Circle one: Air Lift _____ Jet _____ <u>Submersible</u> Bucket _____ Piston _____ Turbine _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify): _____	Circle one: Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>1</u> _____ Setting Depth: <u>80'</u> _____ feet Number of Stages: <u>8</u> _____
Date Pump Installed: <u>3-8-12.</u>	
Rated Pump Capacity: <u>20</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one: Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u> Other (specify): _____
Static Water Level (A): _____ Feet Below Land Surface	For flowing well, measured shut-in head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
Test Pumping Rate: _____ Gallons Per Minute	
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 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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