

County: Waltham  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Serv  
 Date drilling completed: 6-18-09

### 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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A146  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Joe Roberts</u>	Latitude: <u>31° 16' 58.5"</u> Longitude: <u>90° 12' 45.8"</u>
Mailing Address: <u>Manngs Crossing Rd</u>	Method of Lat/Long (circle one): <u>58"</u> Conventional Survey, <u>46"</u>
<u>Jayess.</u> <u>MS.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 29 Twn 4N Rng 10E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town _____ Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 6-18-09 Date drilling completed: 6-18-09 Hole depth: 150' 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: Poultry House

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

Static Water Level: 56' feet above or below (circle one) land surface Date measured: 6-18-09

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

Well depth: 150' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 130' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 10/62 inches Setting depth: From 130' feet to 150' 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

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Walton  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Serv  
 Date completed: 6-8-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: A14b  
 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>Joe Roberts</u>	Latitude: <u>31° 16' 58.5"</u> Longitude: <u>90° 12' 48.8"</u>
Mailing Address: <u>Mannings Crossway Rd.</u>	<div style="display: flex; justify-content: space-around;"> <span>58</span> <span>46</span> </div> Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____ <input type="checkbox"/> USGS quad _____, <input type="checkbox"/> Hand-held GPS _____, <input type="checkbox"/> Survey-grade GPS _____ <u>NE ¼ SE ¼ Sec 29 T 4 N R 10 E</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____
<u>Jayess MS</u> City State Zip Code	
Telephone No. (____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket      Piston      Turbine Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>6-8-09</u> Rated Pump Capacity: <u>30</u> Gallons Per Minute	Diesel Engine      Gasoline Engine      Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>100'</u> feet Number of Stages: <u>?</u>

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 <input checked="" type="radio"/> <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      0241      Paul Stydol  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OLWR-SWR-1B

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