

# 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  
(601)961- 5210  
(601)961- 5228 (fax)

County: Walton  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Serv  
Date drilling completed: 1-30-12

For Office Use Only:  
Aquifer: A 156  
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>Joe Roberts</u>	Latitude: <u>31° 17' 0.4"</u> Longitude: <u>90° 22' 42.8"</u>
Mailing Address: <u>Murray Crossing Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Tylertown ms.</u>	<u>N6</u> <u>1/4</u> <u>SE</u> <u>1/4</u> Sec <u>29</u> Twn <u>4N</u> Rng <u>10E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	Miles of

Well / Borehole Data

Date drilling started: 1-30-12 Date drilling completed: 1-30-12 Hole depth: 156' 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: 49' feet above or below (circle one) land surface Date measured: 1-30-12

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

Well depth: 156' Well grouted to a depth of 10' feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 136' feet Casing diameter: 4" inches Type of casing: Pvc

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

Screen slot size: 010/012 inches Setting depth: From 136' feet to 156' 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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# 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 #: A156

Elevation: \_\_\_\_\_

County: Waltham

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

Driller: BRAD FITZGERALD well

Date completed: 1-30-12

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>Joe Roberts</u>	Latitude: <u>31° 17' 0.4"</u>	Longitude: <u>90° 12' 42.8"</u>	
Mailing Address: <u>Mannings Crassay Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Tylertown MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>29</u> T <u>4N</u> R <u>10E</u>		
Telephone No. ( ) _____	Distance _____ Miles	Direction _____	Nearest Town _____

Pump Type			Power Type		
Circle one			Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>5</u>		
Date Pump Installed: <u>1-30-12</u>			Setting Depth: <u>100'</u> feet		
Rated Pump Capacity: <u>35</u> Gallons Per Minute			Number of Stages: <u>35GS50</u>		

Pump Test Data		Method of Measuring Water Level	
		Circle one	
Date Well Tested: _____		Air Line	Electric Measuring Line
Static Water Level (A): _____ Feet Below Land Surface		<u>Steel Tape</u>	
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 \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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