# 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: Walthall
Permit #:
Driller: Fitzgerald Wallace
Date drilling completed: 8-25-11

**For Office Use Only:**
Aquifer: G 73
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)***

Owner Name: Bobby Swampy
Mailing Address: Pigot Rd.
Tylertown MS.
City State Zip Code
Telephone No. ( )

**Well or Borehole Location**

Latitude: 31° 6' 44.6" (45) Longitude: 90° 1' 59.5" (59)
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NW¼ NW¼ Sec 30 Twn 2N Rng 12E
Distance ____ Miles Direction ____ of Nearest Town ____

**Well / Borehole Data**

Date drilling started: 8-25-11 Date drilling completed: 8-25-11 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:
If a flowing well, method of flow regulation: Valve ____ Other (describe)
Static Water Level: 90' feet above or below (circle one) land surface Date measured: 8-25-11
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 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)

G73

***The sketch below only required for water wells***

***If well telescopes, show depths on sketch.***

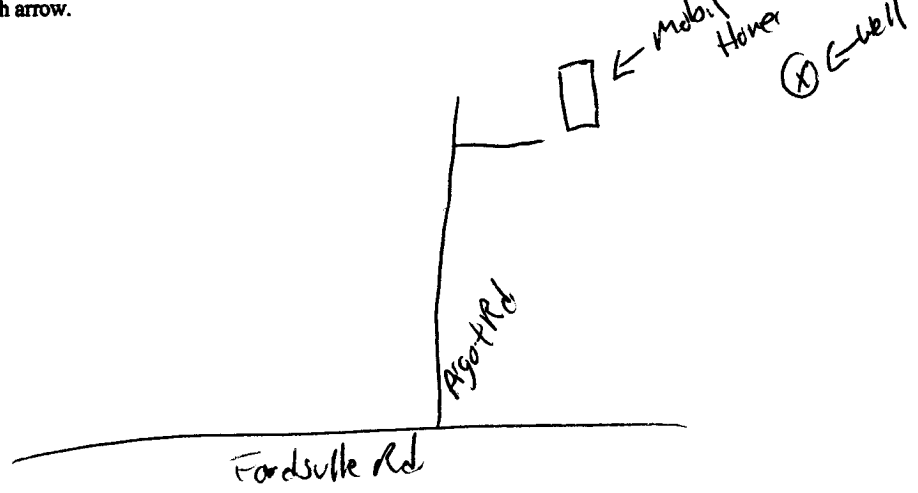
Ground Level

If more than one screen, show location of each on sketch

***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 |
| Clay | 20 | 40 |
| Sand | 40 | 80 |
| Sand | 80 | 100 |
| Clay | 100 | 120 |
| Sand | 120 | 130 |
| Coarse Sand | 130 | 156 |

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: Bobby Sampley

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

**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 029 — 8-25-11 — [signature]

**Print Name of Responsible Licensee and License No.** **Date** **Signature of Licensee**

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County: Wilkinson

Permit #:

Driller: Fitzgerald Well Service

Date completed: 8-25-11

*Copy information from block on Part 1*

# 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 #: G73

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**

Owner Name: Bobby Sampey

Mailing Address: Pigot Rd.

Tylertown
City State Zip Code

Telephone No. (____)

**Well Location**

Latitude: 31° 6' 44.6" Longitude: 90° 1' 59.5"

Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____

____ ¼ ____ ¼ Sec 30 T 2N R 12E

Distance ____ Miles Direction ____ of Nearest Town ____

**Pump Type**
Circle one

Air Lift | Jet | (Submersible)
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify):

Date Pump Installed: 8-25-11

Rated Pump Capacity: 20' Gallons Per Minute

**Power Type**
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
(Electric Motor) | Hand | Tractor PTO
Windmill | Other (specify):

Horse Power Rating of Motor: 1

Setting Depth: 130' feet

Number of Stages: 8

**Pump Test Data**

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

**Method of Measuring Water Level**
Circle one

Air Line | Electric Measuring Line | (Steel Tape)

Other (specify):

For flowing well, measured shut in head: ____ feet

Well yielded ____ GPM with a drawdown of ____ feet after ____ hours of pumping

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)

Brad Fitzgerald
Signature of Pump Installer

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

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SEP 07 2011