

# State Well Report

## Part 1

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: Wilkinson  
Permit #: \_\_\_\_\_  
Driller: Fitzgerald Well Service, Inc  
Date drilling completed: 11-16-04

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: T-100  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information                     | Well Location  |
|--|--|
| Owner Name: <u>Amber Payne</u>             | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>4968 Spec Garig Rd</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>Northwood LA</u>                        | _____ 1/4 _____ 1/4 Sec <u>49</u> Twn <u>1N</u> Rng <u>1E</u>  |
| City: _____ State: _____ Zip Code: _____   | Distance _____ Direction _____ Nearest Town _____  |
| Telephone No. (____) _____                 | <u>5</u> Miles <u>South</u> of <u>Centerville</u>  |

### Well Data

Purpose of Well (circle one):  Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

Date well drilling started: 11-16-04 Date well drilling completed: 11-16-04

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

Static Water Level: 50' feet above or below (circle one) land surface Date measured: 11-16-04

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

Hole depth: 80' Well depth: 80' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite  Mix

Casing length: 20' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 70' feet to 80' 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 back of page

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Brad Fitzgerald 0291 [Signature]  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

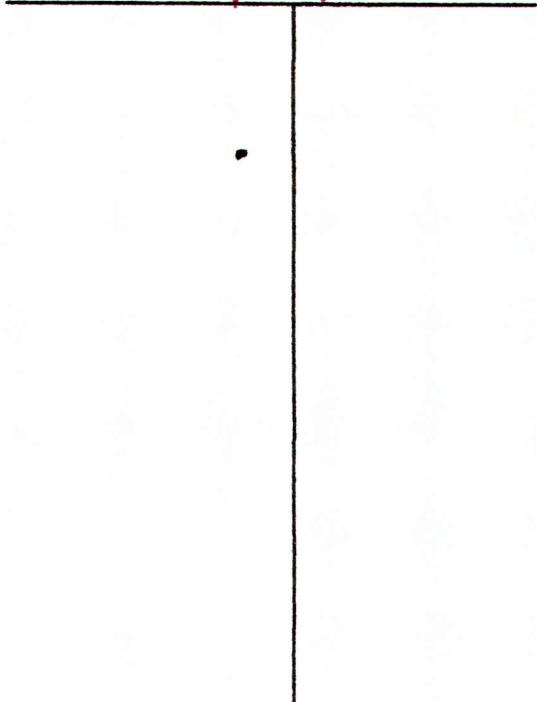
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BY: OLWR

159

If well telescopes please sketch below and show depths.

Ground Level

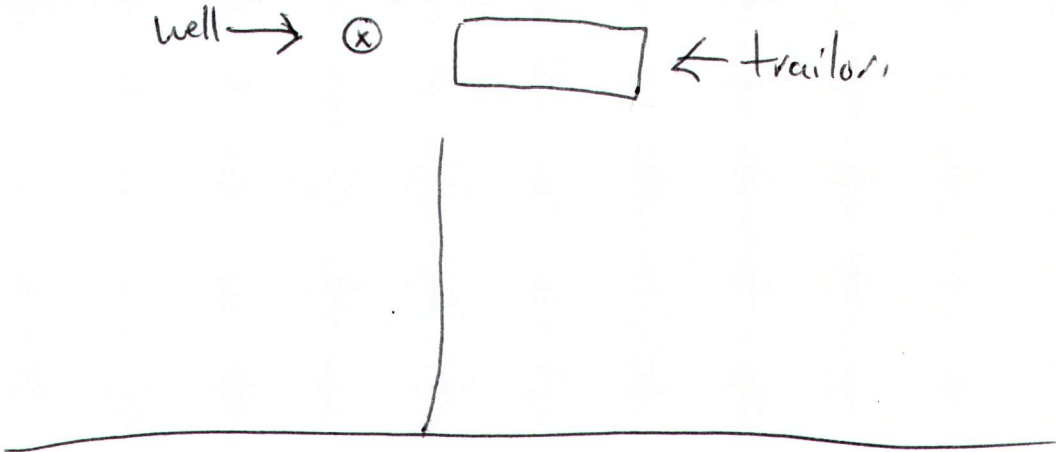
T-108



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| clay                                  | 0    | 20 |
| Sand                                  | 20   | 60 |
| course sand & gravel                  | 60   | 80 |
|                                       |      |    |
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|                                       |      |    |

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

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) indicate direction.



Landowner Name: Amber Payne

Brod Styseld  
Signature of Water/Well Contractor

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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: Wilkinson  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date completed: 11-16-04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: T-108 159  
 Elevation: \_\_\_\_\_

**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

| Well Owner Information                   | Well Location   |
|--|---|
| Owner Name: <u>Amber Payne</u>           | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>4968 Spac Garig</u>  | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Norwood LA</u><br>City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>49</u> Twn <u>1N</u> Rng <u>1E</u>                                       |
| Telephone No. (____) _____               | Distance Direction Nearest Town<br><u>5</u> Miles <u>South</u> of <u>Centerville</u>                |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u><br>Bucket Piston <input type="radio"/> Turbine <input type="radio"/><br>Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/><br>Other (specify): _____ | Diesel Engine Gasoline Engine Natural Gas<br><u>Electric Motor</u> Hand Tractor PTO<br>Windmill Other (specify): _____<br>Horse Power Rating of Motor: <u>1/2</u><br>Setting Depth: <u>70'</u> feet<br>Number of Stages: <u>8</u> |
| Date Pump Installed: <u>11-16-04</u>  |   |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute   |   |

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

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)

Ricoblyed  
 Signature of Pump Installer

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