

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 7-20-06

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 #: B-55
 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>Tim Rollins</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>New Hope Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>Gloster</u> <u>ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>28</u> Twn <u>4N</u> Rng <u>3E</u>
Telephone No. (____) _____	Distance <u>3</u> Miles Direction <u>West</u> of Nearest Town <u>Busy Corner</u>

Well / Borehole Data

Date drilling started: 7-20-06 Date drilling completed: 7-20-06 Hole depth: 327 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: 201. feet above or below (circle one) land surface Date measured: 7-20-06

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

Well depth: 327' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 307 feet Casing diameter: 4" inches Type of casing: pvc

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

Screen slot size: .00 inches Setting depth: From 307 feet to 327 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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 AUG 02 2006
 BY: OLWR

Form: OLWR-SWR-1B

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Print Name of Pump Installer and License No. (if applicable) Brad Fitzgerald 024
 Signature of Pump Installer *Brad Fitzgerald*

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 Air Line _____ Electric Measuring Line _____ Circle one <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet _____ feet after _____ hours of pumping
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Pump Type Circle one Air Lift _____ Bucket _____ Centrifugal _____ Other (specify): _____ Date Pump Installed: <u>7-20-06</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Power Type Circle one Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ Tractor PTO _____ Hand _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>250</u> feet Number of Stages: <u>14</u>
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Well Owner Information Owner Name: <u>Tim Rollins</u> Mailing Address: <u>New Hope Rd</u> City: <u>Clarks MS</u> State: _____ Zip Code: _____ Telephone No. () _____	Well Location Latitude: _____ Longitude: _____ Method of Lat/Long (check one): _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>West</u> of <u>Bury Corner</u>
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This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date completed: 7-20-06
 Copy information from block on Part I

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
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