

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 4-11-07

State Well Report Part I - 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-58
 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: Tom All Good
 Mailing Address: _____

Busy Corner ms
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location

Latitude: 31° 16' 36" Longitude: 90° 52' 22"
 Method of Lat/Long (circle one): Conventional Survey, 2
 USGS quad, Hand-held GPS, Survey-grade GPS
SE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec 25 Twn 4N Rng 3E
SW SW
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 4-11-07 Date drilling completed: 4-11-07 Hole depth: 153' Hole diameter: 7"
 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, strike 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: 4-11-07
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 153' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 143' feet Casing diameter: 4" inches Type of casing: PCC
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: AC
 Screen slot size: .010 inches Setting depth: From 143' feet to 153' 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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 APR 23 2007
 BY: OLWR

The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

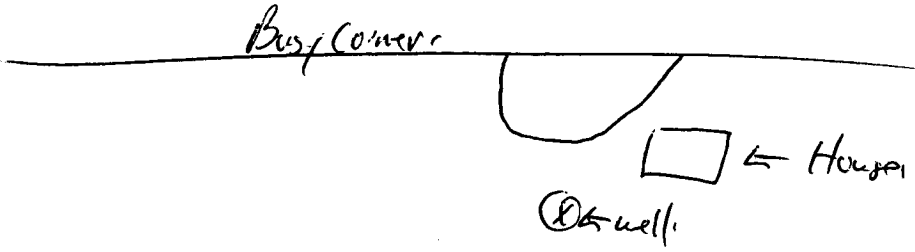
If well telescopes, show depths on sketch.

Ground Level _____ 

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
subly	20	40
gravel	40	80
clay	80	120
sand	120	140
coarse sand	140	153

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) a north arrow.



Landowner Name: Tom Allgood

Form: OLWR-SWR-1A

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.

David Fitzgerald 029 4-11-07 Bruce Stapp
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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Form: OLWR-SWR-18

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 029
 Signature of Pump Installer: [Signature]

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 after _____ hours of pumping
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Pump Type Circle one <input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>4-11-07</u> Rated Pump Capacity: _____ Gallons Per Minute	Power Type Circle one <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: _____ feet Number of Stages: <u>12</u>
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Well Owner Information Owner Name: <u>Tom Allgood</u> Mailing Address: <u>Bay Curve Rd</u> City: <u>Bay Curve, MS</u> State: _____ Zip Code: _____ Telephone No. () _____	Well Location Latitude: <u>31° 16' 36" N</u> Longitude: <u>90° 52' 22" W</u> Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad _____ <input type="checkbox"/> Hand-held GPS _____ <input type="checkbox"/> Survey-grade GPS _____ Distance _____ Miles of _____ Direction _____ Nearest Town _____
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This part of the report must be completed by a licensed pump installer or a licensed pump 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.

Copy information from block on Part I

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date completed: 4-11-07

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)

For Office Use Only:

Aquifer: _____
 Well #: B-58
 Elevation: _____

STATE WELL REPORT