

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 5-28-10

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: B64
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Boian Temple</u>	Latitude: <u>31° 17' 13.7"</u> Longitude: <u>90° 51' 18.1"</u>
Mailing Address: <u>Dace Ln.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Liberty</u> MS	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 25 Twn 4 N Rng 3 E</u>
Telephone No. () _____	Distance _____ Miles Direction _____ Nearest Town _____ of _____
Well / Borehole Data	
Date drilling started: <u>5-28-10</u> Date drilling completed: <u>5-28-10</u> Hole depth: <u>260'</u> Hole diameter: <u>8"</u>	
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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>100'</u> feet above or below (circle one) land surface Date measured: <u>5-28-10</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>260'</u> Well grouted to a depth of <u>10'</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>240'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>Pvc</u>	
Screen length: <u>20'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>Pvc</u>	
Screen slot size: <u>20/102</u> inches Setting depth: From <u>240'</u> feet to <u>260'</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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JUN 17 2010

OLWR

Print Name of Responsible Licensee and License No. Brad Fitzgerald, CSQ, 5-28-10
 Signature of Licensee Brad Fitzgerald Date

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.

Form: OLWR-SWR-1A

Landowner Name: Brian Temple

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.

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

From (depth)	To (depth)	Description of Formations Encountered
0	40	clay
40	80	gravel
80	120	clay
120	240	sand
240	240	course sand

Ground Level

If well telescopes, show depths on sketch

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

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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) Brian Fitzgerald 634
 Signature of Pump Installer *Brian 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 _____
 Steel Tape _____
 Circle one

Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____
 feet after _____ hours of pumping

Pump Type

Circle one

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

Date Pump Installed: 5-28-10
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

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

Horse Power Rating of Motor: 3/4
 Setting Depth: 140 feet
 Number of Stages: 12

Well Owner Information

Owner Name: Brian Temple
 Mailing Address: Dace Ln
 City Wadley State MS Zip Code _____
 Telephone No. () _____

Well Location

Latitude: 31° 17' 13.7" Longitude: 90° 51' 18.1"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
 Distance _____ Miles of _____
 Direction _____ Nearest Town _____

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.

For Office Use Only:

Aquifer: _____
 Well #: _____
 Elevation: _____

Mississippi Department of Environmental Quality
 Pump Installer's Completion Report
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Attala
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date completed: 5-28-10

STATE WELL REPORT
 Part 2

664