

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)

05
For Office Use Only:

Aquifer: _____
 Well #: C-53
 L. S. Elevation: _____
 E-log #: _____

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 8-13-04

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>Jeremy Caraway</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Fenn Rd.</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Smithdale MS</u>	<u>USGS quad</u> _____
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>19</u> Twn <u>4N</u> Rng <u>4E</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>N</u> of Nearest Town <u>Liberty</u>

Well Data

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

Date well drilling started: 8-13-04 Date well drilling completed: 8-13-04

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

Static Water Level: 53' feet above or below (circle one) land surface Date measured: 8-13-04

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

Hole depth: 98' Well depth: 98' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 88' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .012 inches Setting depth: From 88' feet to 98' 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.

BIA Fitzgerald 029. _____ Beau Stycal
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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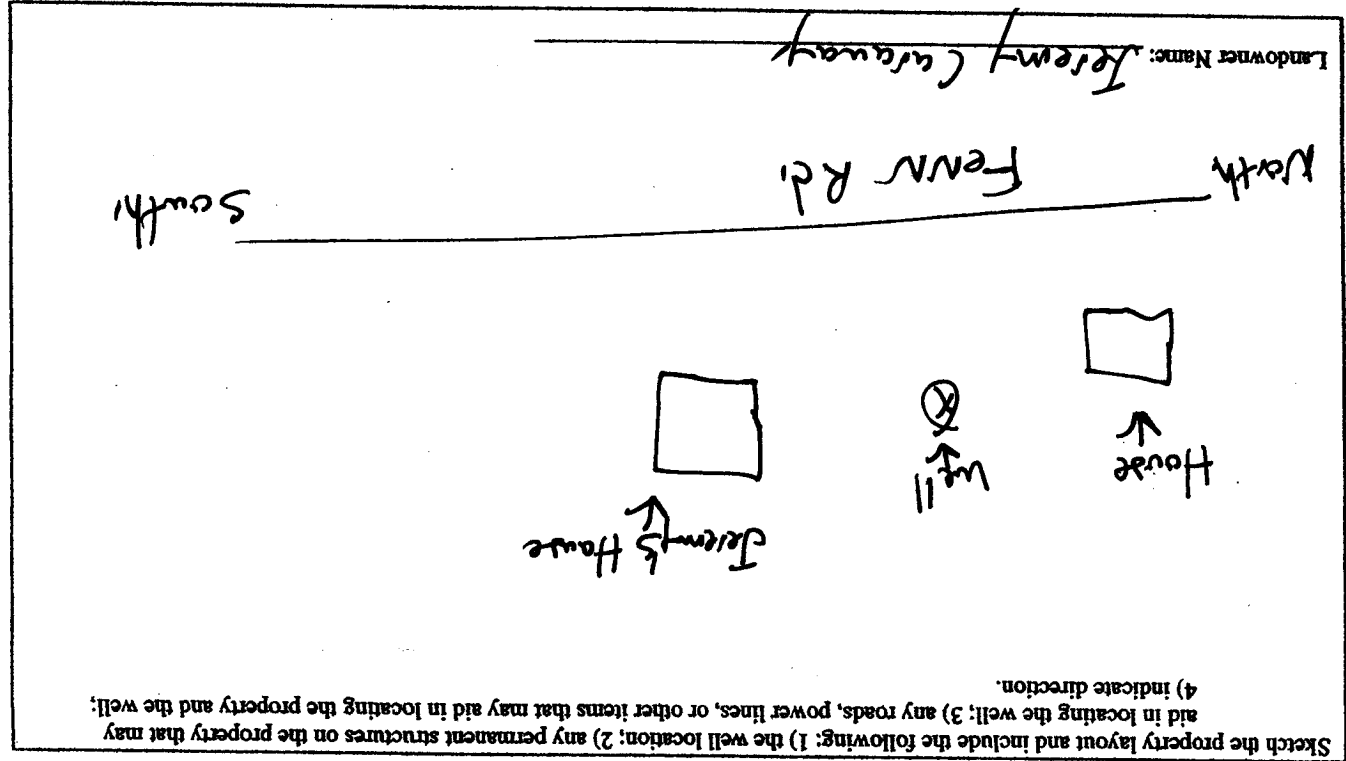
If well telescopes please sketch below and show depths.

Ground Level C-53

Description of Formations Encountered	From	To
Clay	0	30
Sand/gravel	30	70
Sand	70	80
curstard gravel	80	98

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.



Signature of Water Well Contractor Brock Shynoff

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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: Amite
 Permit #: 8-13-04
 Driller: Ernest H. Williams
 Date completed: 8-13-04

For Office Use Only:
 Aquifer: _____
 Well #: 2-53
 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 Owner Name: <u>Jeremy Laway</u> Mailing Address: <u>Fern Rd.</u> City: <u>Smithdale MS</u> State: _____ Zip Code: _____ Telephone No. () _____		Well Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS Distance: _____ Direction: <u>North</u> of Nearest Town: <u>Liberty</u> 1/4 Sec: <u>19</u> 1/4 Rng: <u>4E</u>	
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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		Pump Type Circle one Air Lift: <input type="checkbox"/> Bucket: <input type="checkbox"/> Centrifugal: <input type="checkbox"/> Other (specify): _____ Jet: <input checked="" type="checkbox"/> Submersible Piston: <input type="checkbox"/> Turbine: <input type="checkbox"/> Flowing Well: <input type="checkbox"/> Rotary: <input type="checkbox"/> Windmill: <input type="checkbox"/> Other (specify): _____ Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Hand: <input type="checkbox"/> Tractor PTO: <input type="checkbox"/> Electric Motor: <input checked="" type="checkbox"/> Natural Gas: <input type="checkbox"/>	
Rated Pump Capacity: _____ Gallons Per Minute Date Pump Installed: <u>8-13-04</u> Other (specify): _____		Horse Power Rating of Motor: _____ Setting Depth: _____ feet Number of Stages: <u>12</u>	

Method of Measuring Water Level Circle one Air Line: _____ Electric Measuring Line: <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		Method of Measuring Water Level Circle one Air Line: _____ Electric Measuring Line: <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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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: Brad Fitzgerald
 AUG 20 2004
 BY: OLWR
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