

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 6-11-08

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 #: C-54
 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)	Well or Borehole Location
Owner Name: <u>James Fontaneaux</u>	Latitude: <u>31° 16' 9.4"</u> Longitude: <u>90° 47' 25.3"</u>
Mailing Address: _____	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Liberty</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 34</u> <u>Twn 40</u> <u>Rng 4E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

Well / Borehole Data

Date drilling started: 6-11-08 Date drilling completed: 6-11-08 Hole depth: 98' 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: 29' feet above or below (circle one) land surface Date measured: 6-11-08

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

Well depth: 98' Well grouted to a depth of 10' feet Type of grout (circle one): Neat 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: 1012 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): _____

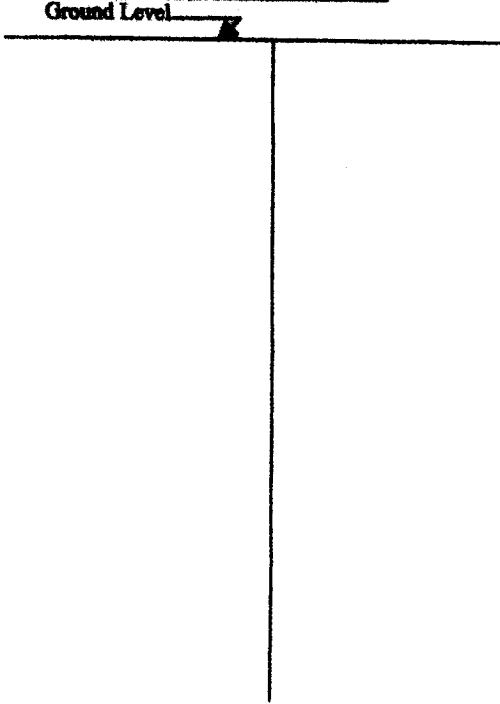
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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The sketch below only required for water wells.

If well screens, show depths on sketch.

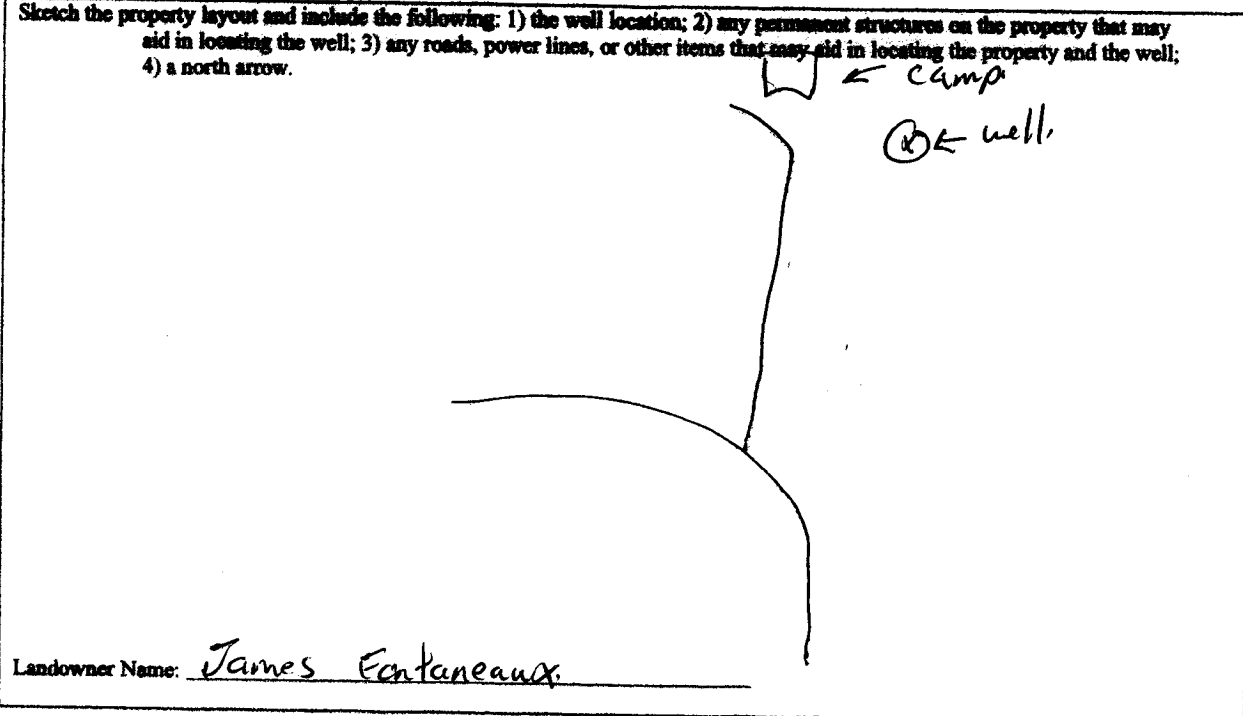


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempt by regulation.

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay.	0	20
sand.	20	40
clay	40	70
sand.	70	80
coarse sand.	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) a north arrow.



Landowner Name: James Fontaneaux

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.

Bruce Fitzgerald 0291 6-11-08

Bruce Fitzgerald

Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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STATE WELL REPORT

Part 2

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)

For Office Use Only:

Aquifer: _____

Well #: C-54

Elevation: _____

County: Amite

Permit #: _____

Driller: Fitzgerald Well Service

Date completed: 6-11-08

Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

<p>Well Owner Information</p> <p>Owner Name: <u>J. James Fontenau</u></p> <p>Mailing Address: _____</p> <p>City: <u>Liberty</u> State: <u>MS</u> Zip Code: _____</p> <p>Telephone No. () _____</p>	<p>Well Location</p> <p>Latitude: <u>31°16'9.4"</u> Longitude: <u>90°47'25.3"</u></p> <p>Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> _____</p> <p>USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____</p> <p>Distance _____ Miles _____ of _____</p> <p>Direction _____</p> <p>Nearest Town _____</p>
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<p>Pump Type</p> <p>Circle one</p> <p>Submersible <input checked="" type="radio"/> Turbine <input type="radio"/> Piston <input type="radio"/> Bucket <input type="radio"/> Air Lift <input type="radio"/> Jet <input type="radio"/> Rotary <input type="radio"/> Centrifugal <input type="radio"/> Other (specify): _____</p> <p>Date Pump Installed: <u>6-11-08</u></p> <p>Rated Pump Capacity: <u>12</u> Gallons Per Minute</p>	<p>Power Type</p> <p>Circle one</p> <p>Electric Motor <input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>3/4</u></p> <p>Setting Depth: <u>60</u> feet</p> <p>Number of Stages: <u>12</u></p>
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<p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p>Method of Measuring Water Level</p> <p>Circle one</p> <p>Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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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): Bird Fitzgerald 029

Signature of Pump Installer: Bird Fitzgerald

Form: OLWR-SWR-1B

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