

Never received Part 2 3/2013

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 9-16-05

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 #: E-114
 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>Eunice Sparkman</u>	Latitude: <u>31° 20' 01"</u> Longitude: <u>90° 33' 31"</u>
Mailing Address: <u>Chisolm Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Summit</u> <u>MS</u>	<u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>12</u> Twn <u>4N</u> Rng <u>6E</u>
City State Zip Code	Distance Direction Nearest Town <u>5</u> Miles <u>West</u> of <u>Summit</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 9-16-05 Date drilling completed: 9-16-05 Hole depth: 120' 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: 50' feet above or below (circle one) land surface Date measured: 9-16-05

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

Well depth: 120' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 110' 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 110' feet to 120' 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***

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SEP 30 2005
BY: OLWR

Form: OLWR-SWR-1A

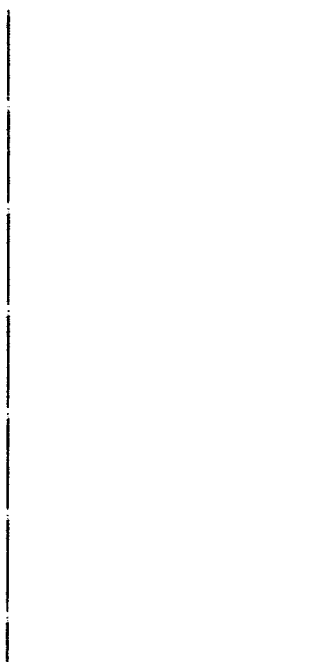
Covington Hardware is going to set the pump.

The sketch below only required for water wells

Description of formations encountered shall be given for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch

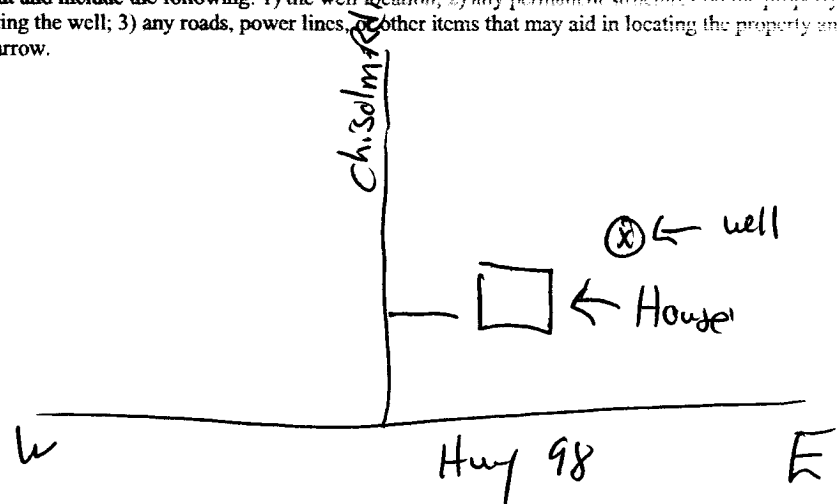
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
	GROUND LEVEL	
clay	0	30
gravel	30	60
clay	60	80
Fine Sand	80	110
Coarse Sand	110	120

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 pertinent structures, roads, property boundaries, 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.



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Landowner Name: Eunice Sporkman

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

By: Brian Fitzgerald 029 976-05 Brian Fitzgerald
Print Name of Responsible Licensee and License No. Date Signature of Licensee