

County: Amite
 Permit #: _____
 Driller: Fitzgerald Wellbore
 Date drilling completed: 2-25-10

**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: FG1
 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>Riddis Paul</u>	Latitude: <u>31° 10' 49.4"</u> Longitude: <u>90° 2' 50.4"</u>
Mailing Address: <u>Macedonia Church Rd.</u>	Method of Lat/Long (circle one): <u>91</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gloster</u> <u>ms</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 37</u> Twn <u>3N</u> Rng <u>2E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ Miles of

Well / Borehole Data

Date drilling started: 2-25-10 Date drilling completed: 2-25-10 Hole depth: 112' 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: 70' feet above or below (circle one) land surface Date measured: 2-25-10

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

Well depth: 112' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 102' 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 102' feet to 112' 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

RECEIVED
 MAR 22 2010
 BY: OLWR

FGI

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
sand	20	60
gravel	60	80
clay	80	100
well sand	100	112

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: Reddis Faust

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.

Brad Fitzgerald 029 2-25-10
 Print Name of Responsible Licensee and License No. Date

Signature of Licensee

RECEIVED
 MAR 22 2010
 BY: OLWR

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)

For Office Use Only:

Aquifer: F61

Well #: _____

Elevation: _____

County: Amite

Permit #: _____

Driller: Fitzgerald Wellfeger

Date completed: 2-25-10

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.

Well Owner Information

Owner Name: Roddis Faust

Mailing Address: Macedonia Church Rd.

City: Glaffe, MS

State: _____

Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 10' 44.4" Longitude: 91° 2' 50.4"

Method of Lat/Long (check one): Conventional Survey _____

USGS quad, Hand-held GPS, Survey-grade GPS _____

NW 1/4 SE 1/4 Sec 37 T 3N R 2E

Distance _____ Direction _____ Nearest Town _____

Miles _____ of _____

Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine Flowing Well

Centrifugal Rotary

Other (specify): _____

Date Pump Installed: 2-25-10

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas Tractor PTO

Electric Motor Hand Windmill Other (specify): _____

Horse Power Rating of Motor: 1/2

Setting Depth: 100 feet

Number of Stages: 8

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

Circle one

Air Line Electric Measuring Line Steel Tape Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet

_____ feet after _____ hours of pumping

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): David Fitzgerald 029

Signature of Pump Installer: [Signature]

Form: OIWB-SWR-1B

RECEIVED

MAR 22 2010

BY: OIWB