

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Amite
Permit #: _____
Driller: Fitzgerald Well Drilling
Date drilling completed: 9-14-11

For Office Use Only:
Aquifer: _____
Well #: G67
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>Bruce Adams</u>	Latitude: <u>31° 11' 26.6"</u> Longitude: <u>90° 51' 22"</u>
Mailing Address: <u>Compliment Rd</u>	Method of Lat/Long (circle one): <u>27</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Liberty</u> MS City State Zip Code	<u>SE 1/4 SE 1/4 Sec 36</u> Twp <u>3N</u> Rng <u>3E</u> <u>25</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ Miles of _____

Well / Borehole Data

Date drilling started: 9-14-11 Date drilling completed: 9-14-11 Hole depth: 185' 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: 60' feet above or below (circle one) land surface Date measured: 9-14-11

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

Well depth: 185' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 165' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 165' feet to 185' 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 (04/08)

RECEIVED

OCT 04 2011

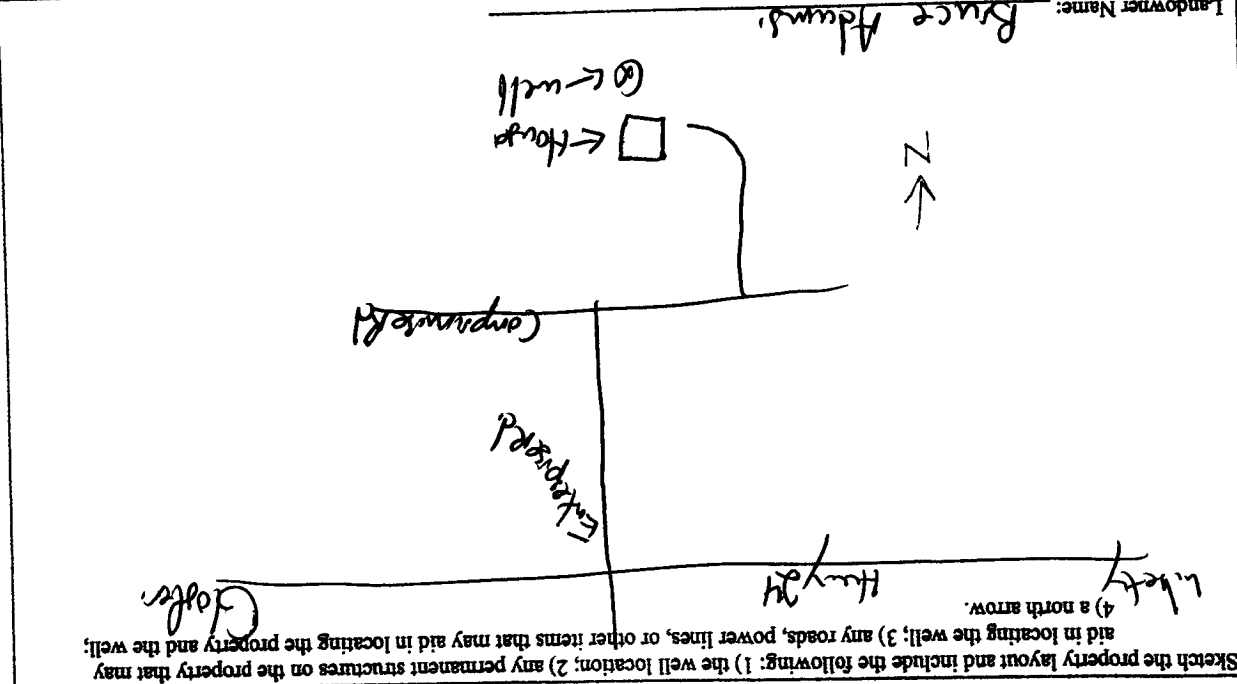
BY: OLWR

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 OCT 11 2011
 BR-0102

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.

Print Name of Responsible Licensee and License No. 029. Bruce Adams
 Date 9-14-11
 Signature of Licensee Bruce Adams

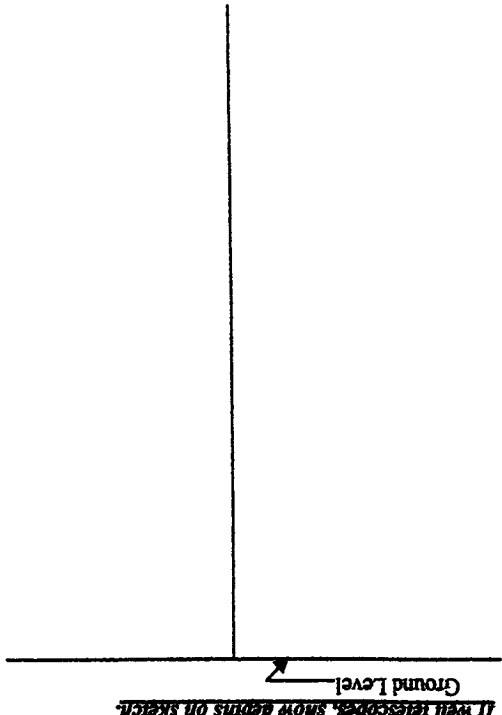
Form: OLWR-SWR-1A (04/08)



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	0	20
Clay	20	40
Clay	40	80
Gravel	80	100
Clay	100	120
Clay	120	170
Clay	170	185
Gravel	185	190
Clay	190	200
Clay	200	210
Clay	210	220
Clay	220	230
Clay	230	240
Clay	240	250
Clay	250	260
Clay	260	270
Clay	270	280
Clay	280	290
Clay	290	300
Clay	300	310
Clay	310	320
Clay	320	330
Clay	330	340
Clay	340	350
Clay	350	360
Clay	360	370
Clay	370	380
Clay	380	390
Clay	390	400
Clay	400	410
Clay	410	420
Clay	420	430
Clay	430	440
Clay	440	450
Clay	450	460
Clay	460	470
Clay	470	480
Clay	480	490
Clay	490	500
Clay	500	510
Clay	510	520
Clay	520	530
Clay	530	540
Clay	540	550
Clay	550	560
Clay	560	570
Clay	570	580
Clay	580	590
Clay	590	600
Clay	600	610
Clay	610	620
Clay	620	630
Clay	630	640
Clay	640	650
Clay	650	660
Clay	660	670
Clay	670	680
Clay	680	690
Clay	690	700
Clay	700	710
Clay	710	720
Clay	720	730
Clay	730	740
Clay	740	750
Clay	750	760
Clay	760	770
Clay	770	780
Clay	780	790
Clay	790	800
Clay	800	810
Clay	810	820
Clay	820	830
Clay	830	840
Clay	840	850
Clay	850	860
Clay	860	870
Clay	870	880
Clay	880	890
Clay	890	900
Clay	900	910
Clay	910	920
Clay	920	930
Clay	930	940
Clay	940	950
Clay	950	960
Clay	960	970
Clay	970	980
Clay	980	990
Clay	990	1000

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



The sketch below only required for water wells

If well telescopes, show depths on sketch

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Svc
 Date completed: 9-14-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G67
 Elevation: _____

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	Well Location
Owner Name: <u>Bruce Adams</u>	Latitude: <u>31° 11' 26.6"</u> Longitude: <u>90° 51' 22"</u>
Mailing Address: <u>Compluse Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Liberty</u> <u>MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>36</u> T <u>3N</u> R <u>3E</u>
Telephone No. (____) _____	Distance _____ Miles Direction _____ of _____ Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>9-14-11</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Brad Fitzgerald 029 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

OCT 04 2011
 BY: OLWR