

County: Amite
 Permit #: _____
 Driller: Fitzgerald Wellseap
 Date drilling completed: 9-8-08

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 #: H-68
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>James Sterling</u> Mailing Address: <u>King Rd</u> <u>Liberty</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 15' 3.1"</u> Longitude: <u>90° 51' 27.03"</u> Method of Lat/Long (circle one): <u>03</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>Nw 1/4 Sw 1/4 Sec 6</u> Twn <u>3N</u> Rng <u>4E</u> Distance <u>1.4</u> Miles Direction <u>west</u> of Nearest Town <u>567</u></p>
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Well / Borehole Data

Date drilling started: 9-8-08 Date drilling completed: 9-8-08 Hole depth: 127' 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: 47' feet above or below (circle one) land surface Date measured: 9-8-08

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

Well depth: 127' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 117' 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 117' feet to 127' 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
 SEP 17 2008
 BY: OLWR

Form: OLWR-SWR-1B

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
 Signature of Pump Installer: [Signature]

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 Air Line _____ Electric Measuring Line _____ <input checked="" type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ hours after _____ hours of pumping
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Pump Type Circle one <input checked="" type="radio"/> Submersible <input type="radio"/> Air Lift <input type="radio"/> Bucket <input type="radio"/> Turbine <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Centrifugal Other (specify): _____ Date Pump Installed: <u>9-8-08</u> Rated Pump Capacity: _____ Gallons Per Minute	Power Type Circle one <input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input checked="" type="radio"/> Electric Motor <input type="radio"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: _____ feet Number of Stages: <u>12</u>
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Well Owner Information Owner Name: <u>James Sterling</u> Mailing Address: <u>King Rd</u> City: <u>Liberty MS</u> State: _____ Zip Code: _____ Telephone No. () _____	Well Location Latitude: <u>31° 15' 3.11"</u> Longitude: <u>90° 51' 2.7"</u> Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ Distance _____ Miles Direction _____ Nearest Town _____ of _____
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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.

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 Driller: Fitzgerald Wellco
 Date completed: 9-8-08
 County: Frank
 Elevation: _____
 Well #: H-68

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STATE WELL REPORT
 Part 2