

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
Office of Land and Water Resources

P. O. Box 10631  
Jackson, MS 39289-0631  
**WATER WELL DRILLERS LOG**

COUNTY WELL LOCATED <i>Amite</i>		PERMIT NUMBER
WELL NUMBER <i>K-84</i>	CODED	
DATE WELL COMPLETED <i>3-27-03</i>		NAME OF DRILLING FIRM <i>Fitzgerald Well Services</i>

NAME & MAILING ADDRESS OF LANDOWNER  
*B.J. Dupontis*

*Lower Glading Rd.*

Latitude:  
Longitude:

WELL LOCATION: SEC *34* TOWNSHIP *3 N S* RANGE *6 E W*

DISTANCE *12* Miles DIRECTION *East* of NEAREST TOWN *Liberty*

OTHER LANDMARK

WELL PURPOSE:  Home,  Irrigation,  Municipal,  Industrial,  Fish Pond, etc.

**PUMP DATA**

PUMP TYPE (Circle One):  Submersible,  Turbine,  Jet,  Flowing Well.  
Other (Describe) \_\_\_\_\_

POWER TYPE (Circle One):  Electric,  Tractor,  Diesel,  Gasoline,  Butane.  
Other (Describe) \_\_\_\_\_ H/P *3/4*

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>clay</i>	<i>0</i>	<i>20</i>
<i>gravel</i>	<i>20</i>	<i>40</i>
<i>clay</i>	<i>40</i>	<i>50</i>
<i>sand &amp; gravel</i>	<i>50</i>	<i>90</i>
<i>clay</i>	<i>90</i>	<i>100</i>
<i>coarse sand</i>	<i>100</i>	<i>118</i>

**RECEIVED**

*APR 29 2003*

**BY: OLWR**

Top of Lap Pipe or Reduction in Casing

FEET  IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

**WELL DATA**

Well Depth <i>118'</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>108'</i>
Type of Casing <i>Pvc</i>	Hole Depth <i>118'</i>	Depth to Static Water Level <i>70'</i>

TYPE OF COMPLETION: (Circle One or More):  
 Gravel Packed,  Underreamed,  Telescoped,  
 Natural Development,  Open Hole,  Other  
(Describe) \_\_\_\_\_

WELL GROUTED TO A DEPTH OF *10* FEET  
Type Grout (circle one): Cement, Bentonite, or  Mix

**SCREEN DATA**

Diameter - Inches <i>4"</i>	Length - Feet <i>10</i>	Slot Size - Inches <i>.012</i>
Screen Type <i>Pvc</i>	Depth to Bottom - Feet <i>118'</i>	

I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

*Dred Stogard* *029*  
Signature of Licensed Driller and License No.

*4-24-03*  
Date

Additional Information Required On Back