

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Services  
 Date drilling completed: 3-28-06

### 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 #: K-99  
 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>James Taylor</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Tangipahoa</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Summit</u> <u>ms.</u>	_____ 1/4 _____ 1/4 Sec <u>2</u> Twn <u>3N</u> Rng <u>6E</u>
City State Zip Code	Distance Direction Nearest Town <u>5</u> Miles <u>West</u> of <u>McComb</u>
Telephone No. (____) _____	

**Well / Borehole Data**

Date drilling started: 3-28-06 Date drilling completed: 3-28-06 Hole depth: 80' 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: Paul Taylor House

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 24' feet above or below (circle one) land surface Date measured: 3-28-06

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

Well depth: 80' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70' 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 70' feet to 80' 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

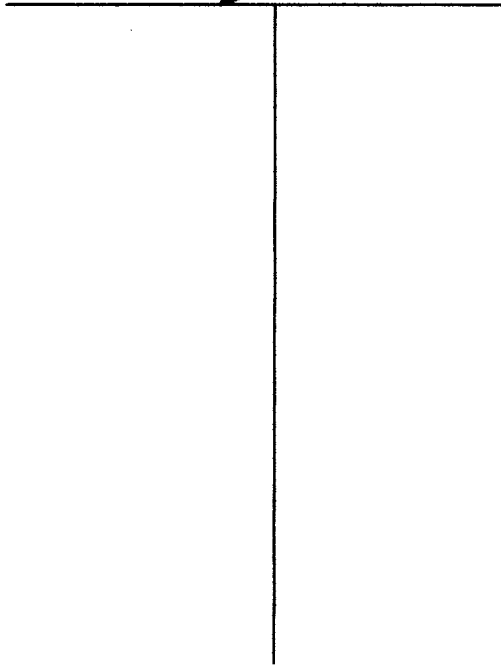
RECEIVED  
 APR 26 2006  
 BY: OLWR

K-99

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level  $\rightarrow$

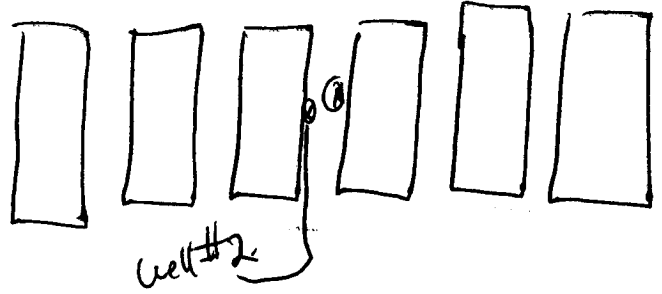


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20
Sand & gravel	20	40
sand	40	50
Sand	50	70
course sand & gravel	70	80

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: James Taylor

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.

Bud Fitzgerald 029 3-28-06  
 Print Name of Responsible Licensee and License No. Date

Bud Fitzgerald  
 Signature of Licensee

pump set by the warehouse

RECEIVED  
 APR 26 2006  
 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: \_\_\_\_\_

Well #: 12-99

Elevation: \_\_\_\_\_

County: Amite  
 Permit #: \_\_\_\_\_  
 Well: Fitzgerald Well Sec 1  
 Date completed: 3-28-06

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>James Taylor</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Tangipahoa</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
City: <u>Summit MS</u> State: <u>MS</u> Zip Code: <u>39466</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
Telephone No.: _____	<u>1/4</u> <u>1/4</u> Sec <u>2</u> Twn <u>3N</u> Rng <u>6E</u>
	Distance: <u>5</u> Miles <u>West</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
<input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u>	<input type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
<input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
<input type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	<input type="radio"/> Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>5-20-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-20-06</u>	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>24</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>46</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>140</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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): Amos Parker

Signature of Pump Installer: Amos Parker

**RECEIVED**  
 JUN 02 2006  
 BY: OLWR