

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 3-30-06

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-101
 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>Penny 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> City State Zip Code	_____% ____% Sec <u>2</u> Twn <u>3N</u> Rng <u>6E</u>
Telephone No. (____)	Distance <u>5</u> Miles Direction <u>West</u> of Nearest Town <u>M Comb</u>

Well / Borehole Data

Date drilling started: 3-30-06 Date drilling completed: 3-30-06 Hole depth: 70' 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 Poultry House

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

Static Water Level: 25' feet above or below (circle one) land surface Date measured: 3-30-06

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

Well depth: 70' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50' feet Casing diameter: 4" inches Type of casing: Ac

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

Screen slot size: 0.2/0.10-10' inches Setting depth: From 50' feet to 70' 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

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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)

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Services
 Date completed: 3-30-06

For Office Use Only:

Aquifer: _____
 Well #: K-101
 Elevation: _____

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>Penny 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
City: <u>Summit</u> State: <u>Ms</u> Zip Code: <u>39164</u>	_____ 1/4 _____ 1/4 Sec <u>2</u> Twp <u>3N</u> Rng <u>6E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>5 Miles west</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>6-23-06</u>	Setting Depth: <u>70</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>6-23-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>25'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>40</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) _____

Signature of Pump Installer _____

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JUN 30 2006

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