

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 6-20-07

**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-106
 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>Emil Hewitt</u>	Latitude: <u>31° 13' 56.4"</u> Longitude: <u>90° 33' 34.4"</u>
Mailing Address: <u>Wilson Rd.</u>	Method of Lat/Long (circle one): <u>36</u> Conventional Survey, <u>34</u>
City: <u>Liberty</u> State: <u>MS</u> Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 13 Twn 3N Rng 6E</u>
Telephone No. (____) _____	Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 6-20-07 Date drilling completed: 6-20-07 Hole depth: 80' Hole diameter: 7"

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: 53' feet above or below (circle one) land surface Date measured: 6-20-07

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

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K-106

The sketch below only required for water wells.

If well screens show depths on sketch

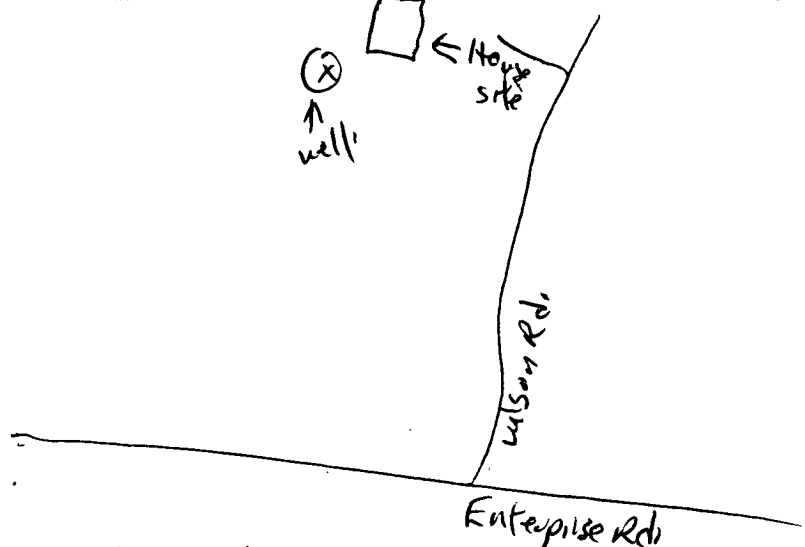
Ground Level

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
sand	20	60
sand	60	70
course sand	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: Emil Heutt

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.

Form: OLWR-SWR-1A

Print Name of Responsible Licensee and License No. Brad Fitzgerald 029 670-07

Signature of Licensee Brad Fitzgerald

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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 Service
 Date completed: 6-20-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K-106
 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>Emil Hewitt</u> Mailing Address: <u>Wilson Rd</u> <u>Liberty</u> <u>ms</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: <u>31°13'56.4"</u> Longitude: <u>90° 33' 34.4"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>NE ¼ NW ¼ Sec 13 T 3N R 6E</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>6-20-07</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>75'</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
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	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Brad Fitzgerald Dr. Paul Stank
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B
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