

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 8-6-09

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 #: K112
 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 (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Jessy Petty</u> Mailing Address: <u>Tom Lane</u> <u>M'Comb MS</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 11' 31.3"</u> Longitude: <u>90° 33' 44.2"</u> <small>31 44</small> Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 25 Twn 3N Rng 6E</u> Distance Direction Nearest Town Miles of _____</p>
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Well / Borehole Data

Date drilling started: 8-6-09 Date drilling completed: 8-6-09 Hole depth: 115' 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: 70' feet above or below (circle one) land surface Date measured: 8-6-09

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

Well depth: 115' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 105' 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 105' feet to 115' 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*

Pump set by the warehouse.

Form: OLWR-SWR-1A

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Print Name of Responsible Licensee and License No. Date Signature of Licensee

Brad Fitzgerald 020. 8-6-09 Bud Stubb

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

Form: OLWR-SWR-1A

Landowner Name: West Petty.

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.

If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth)	To (depth)
Clay	0	20
Sand	20	40
Gravel	40	60
Sand	60	80
Clay	80	50
Sand	50	100
Coarse Sand	100	115

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

The sketch below only required for water wells

If well telescopes, show depths on sketch

K112

**STATE WELL REPORT
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 #: K0112
Elevation: _____

County: Amite
Permit #: _____
Driller: Fitzgerald
Date completed: 8-6-09

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>Jessy Petty</u>	Latitude: <u>31° 11' 31.31"</u> Longitude: <u>90° 33' 44.44"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey.
_____	USGS quad, Hand-held GPS, Survey-grade GPS
<u>M-Ind</u> <u>MS</u> <u>39668</u>	<u>SW 1/4 SW 1/4 Sec 25 Twn 3N Rng 6E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8-15-09</u>	Setting Depth: <u>100 ft.</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-15-09</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>70'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</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.

Amos Parker _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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