

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Amite
Permit #: _____
Driller: Fitzgerald Well Services
Date drilling completed: 10-5-12

For Office Use Only:
Aquifer: _____
Well #: K129
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>Bruce Barron</u>	Latitude: <u>31° 12' 51.1"</u> Longitude: <u>90° 37' 14.3"</u>
Mailing Address: <u>Barron Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>L. Lake</u> <u>MS</u> City State Zip Code	<u>SW 1/4 NE 1/4 Sec 20 Twn 3N Rng 6E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 10-5-12 Date drilling completed: 10-5-12 Hole depth: 130' 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: 90' feet above or below (circle one) land surface Date measured: 10-5-12

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

Well depth: 130' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 120' 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 120' feet to 130' 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 (04/08)

Pump set by the licensee

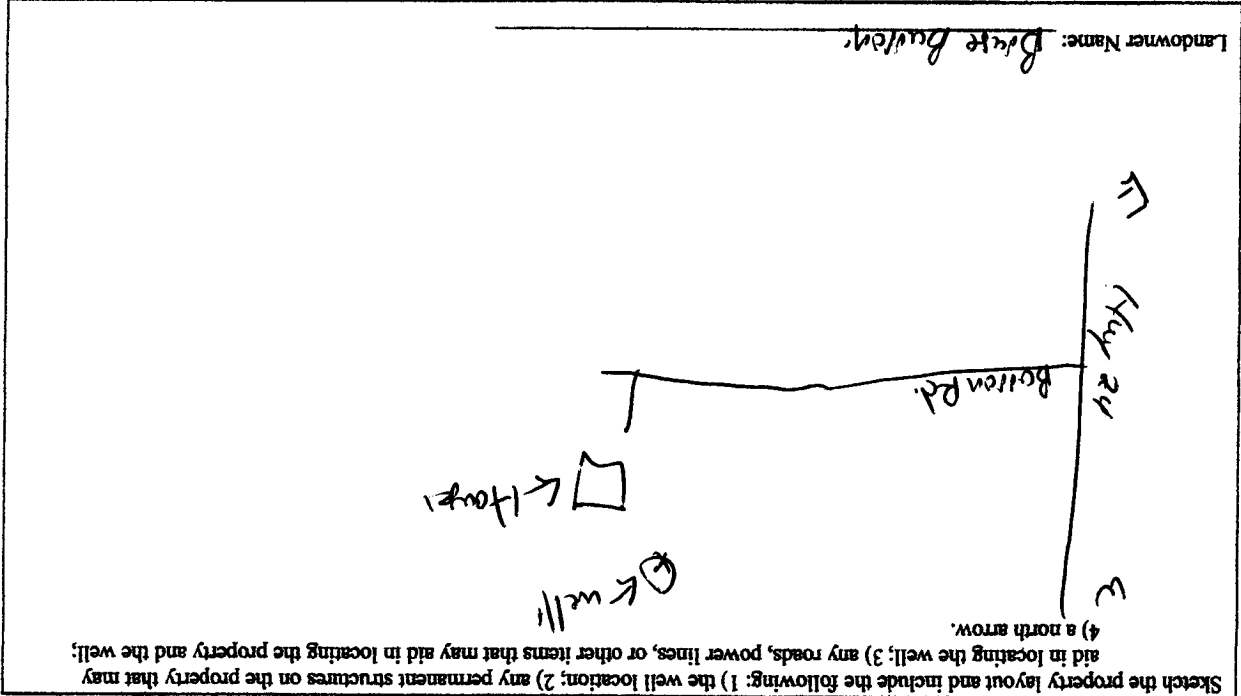
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NOV 17 2012
BY: OLWR

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 APR 13 2011
 BY OLMF

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.

Print Name of Responsible Licensee and License No. Brad Hagan Id. 029.
 Date 10-5-11
 Signature of Licensee Brad Hagan

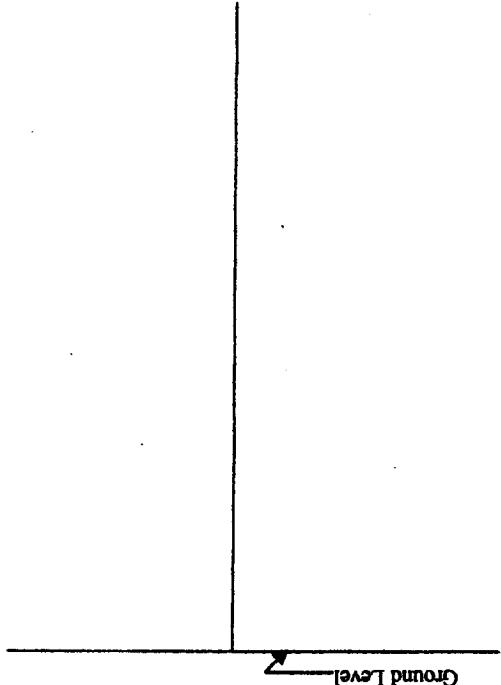
Form: OLWR-SWR-1A (04/08)



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	0	20
Sand	20	50
Gravel	50	60
Sand	60	80
Sand	80	100
Clay	100	110
Sand	110	120
Sand	120	130
Clay Sand	130	

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



If well telescopes, show depths on sketch

The sketch below only required for water wells

K129

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: Estrogen Well Ser
 Date completed: 10-5-12

For Office Use Only:

Aquifer: K129
 Well #: _____
 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>Prue Parker</u>	Latitude: <u>31° 12' 54"</u> Longitude: <u>90° 37' 14.3"</u>
Mailing Address: <u>Bramble Rd</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Liberty Pk. Ms.</u>	USGS quad, Hand-held GPS. Survey-grade GPS
City State Zip Code	<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec <u>20</u> Twn <u>3N</u> Rng <u>6E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

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>1/2</u>
Date Pump Installed: <u>11-14-12</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-14-12</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

AMIS PARKER 0365
Prue Parker

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

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NOV 22 2012

BY: OLIVER