

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 wellGeo
 Date drilling completed: 7-20-11

For Office Use Only:
 Aquifer: M 98
 Well #: _____
 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)
 Owner Name: Price
 Mailing Address: Dennick Rd.
 City: Lumbey State: MS
 Zip Code: _____
 Telephone No. () _____

Well or Borehole Location
 Latitude: 31° 5' 53.2" Longitude: 90° 56' 39.3"
 Method of Lat/Long (circle one): Conventional Survey, _____
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 NE 1/4 Sec 37 Twn 2N Rng 3E
 Distance _____ Miles of _____ Nearest Town _____

Well / Borehole Data
 Date drilling started: 7-20-11 Date drilling completed: 7-20-11 Hole depth: 242' 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: 124' feet above or below (circle one) land surface Date measured: 7-20-11
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 242' Well grouted to a depth of 10' feet Type of grout (circle one) Near Cement Bentonite Mix
 Casing length: 232' 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 232' feet to 242' 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 Warehouse

RECEIVED

AUG 19 2011

BY: OLWR

1. Name of the trust or estate (including the name of the trust or estate if it is a trust or estate of a decedent):

2. EIN of the trust or estate (if any):

3. Name of the trust or estate (if different from the name in 1.):

4. Address of the trust or estate (including street, city, state, and ZIP code):

5. Name of the trustee or other person in control of the trust or estate (if different from the name in 1.):

6. Name of the grantor (if any):

7. Name of the decedent (if any):

8. Name of the trust or estate (if different from the name in 1.):

9. Name of the trust or estate (if different from the name in 1.):

10. Name of the trust or estate (if different from the name in 1.):

11. Name of the trust or estate (if different from the name in 1.):

12. Name of the trust or estate (if different from the name in 1.):

13. Name of the trust or estate (if different from the name in 1.):

14. Name of the trust or estate (if different from the name in 1.):

15. Name of the trust or estate (if different from the name in 1.):

16. Name of the trust or estate (if different from the name in 1.):

17. Name of the trust or estate (if different from the name in 1.):

18. Name of the trust or estate (if different from the name in 1.):

19. Name of the trust or estate (if different from the name in 1.):

20. Name of the trust or estate (if different from the name in 1.):

Name of the trust or estate			EIN		
Trust or estate name	Trust or estate name	Trust or estate name	EIN	EIN	EIN

21. Name of the trust or estate (if different from the name in 1.):

22. Name of the trust or estate (if different from the name in 1.):

23. Name of the trust or estate (if different from the name in 1.):

24. Name of the trust or estate (if different from the name in 1.):

25. Name of the trust or estate (if different from the name in 1.):

26. Name of the trust or estate (if different from the name in 1.):

27. Name of the trust or estate (if different from the name in 1.):

28. Name of the trust or estate (if different from the name in 1.):

29. Name of the trust or estate (if different from the name in 1.):

30. Name of the trust or estate (if different from the name in 1.):

Print Name of Responsible Licensee and License No. David Fitzgibbon 009, 78-20-11
 Date 09/ 78-20-11
 Signature of Licensee David Fitzgibbon
 Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the

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

Landowner Name: Pierce

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.

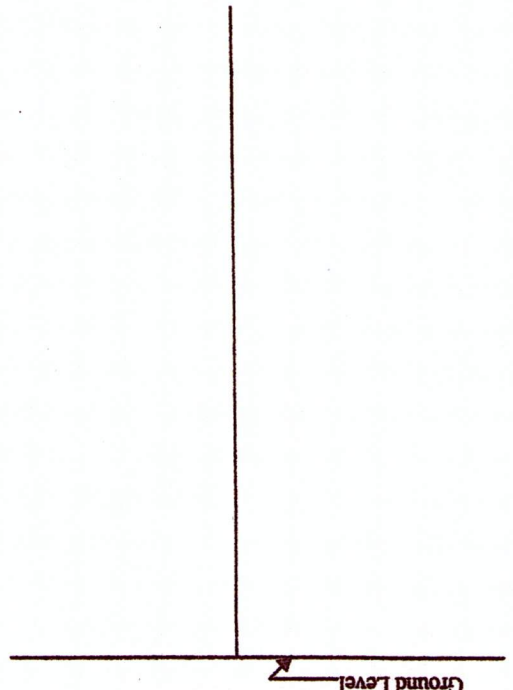
If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth)	To (depth)
clay	0	20
clay	20	40
clay	40	70
clay	70	80
clay	80	150
clay	150	180
fine sand	180	220
course sand	220	242

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.



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: M98
Well #: _____
Elevation: _____

County: Amite
Permit #: _____
Driller: Extruded Well
Date completed: 7-20-11

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>D. Privil</u>	Latitude: <u>31° 5' 53.7"</u> Longitude: <u>90° 56' 39.3"</u> 54 39
Mailing Address: <u>Diamond Rd</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Litata Miss</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>37</u> Twn <u>2N</u> Rng <u>3E</u>
Telephone No. () _____	NW Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-26-11</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-26-11</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="radio"/>
Static Water Level (A): <u>124</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>135</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>9</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.

AMOS PARKER 0315
Print Name of Pump Installer and License No. (if applicable)

Amos Parker
Signature of Pump Installer

RECEIVED

SEP 02 2011

BY: OLWR