

County: Amite
 Permit #: _____
 Driller: Fitzgerald well serv
 Date drilling completed: 2-17-12

**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)

For Office Use Only:
 Aquifer: A774
 Well #: M103
 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 <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Stacy McCall</u> Mailing Address: <u> Hwy 48</u> <u>Centerville MS</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 6' 18.4"</u> Longitude: <u>90° 56' 47.5"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SE</u> Sec. <u>36</u> Twn <u>2N</u> Rng <u>2E</u> <u>36</u> <u>3E</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 2-17-12 Date drilling completed: 2-17-12 Hole depth: 80' 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: 42' feet above or below (circle one) land surface Date measured: 2-17-12

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: pc
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: pc
 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 (04/08)

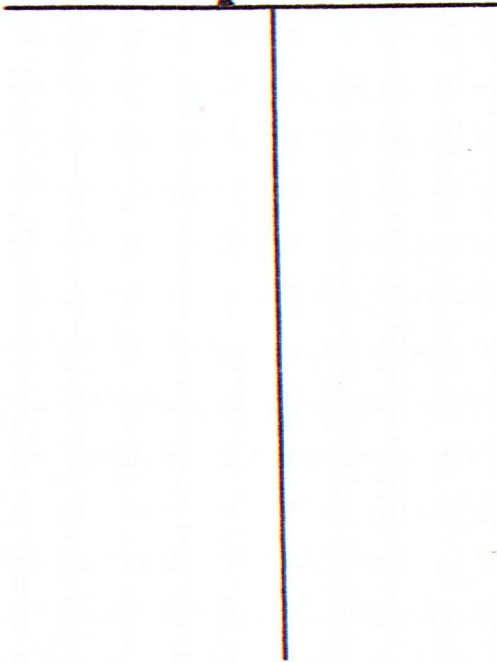
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The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level →



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
grit	20	40
sand	40	60
clay	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: Stacy McCall

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

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.

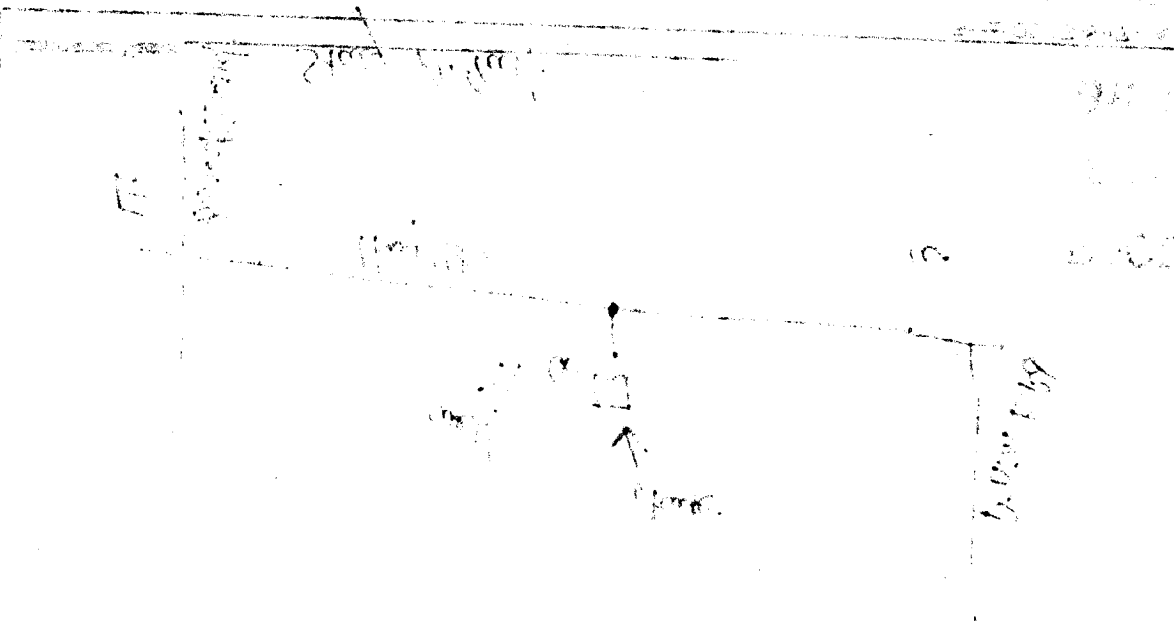
Brad Fitzgerald 029 2-17-12
Print Name of Responsible Licensee and License No. Date

Paul J. Hill
Signature of Licensee

1. The first part of the problem is to find the area of the shaded region.

2. The second part is to find the perimeter of the shaded region.

3. The third part is to find the area of the unshaded region.



4. The fourth part is to find the perimeter of the unshaded region.

5. The fifth part is to find the area of the shaded region.

Handwritten notes on lined paper:

Area of shaded region = $20 \times 10 - 10 \times 10 = 200 - 100 = 100 \text{ cm}^2$

Perimeter of shaded region = $20 + 10 + 10 + 10 = 50 \text{ cm}$

Area of unshaded region = $20 \times 20 - 100 = 400 - 100 = 300 \text{ cm}^2$

Perimeter of unshaded region = $20 + 20 + 10 + 10 + 10 + 10 = 90 \text{ cm}$

6. The sixth part is to find the area of the shaded region.

7. The seventh part is to find the perimeter of the shaded region.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
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)

For Office Use Only:

Aquifer: _____

Well #: M103

Elevation: _____

County: Amite
Permit #: _____
Driller: Fitzgerald Well Serv.
Date completed: 2-17-12
Copy information from block on Part 1

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>Stacy McCall</u>	Latitude: <u>31° 6' 18.4"</u> Longitude: <u>90° 56' 47.5"</u>
Mailing Address: <u>Hwy 48</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cambden, ms.</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>30</u> T <u>2N</u> R <u>2E</u>
Telephone No. ()	Distance _____ Direction <u>36</u> Nearest Town <u>3E</u>
	Miles _____ of _____

Pump Type	Power Type
<input type="radio"/> Air Lift	<input type="radio"/> Diesel Engine
<input type="radio"/> Bucket	<input checked="" type="radio"/> Electric Motor
<input type="radio"/> Centrifugal	<input type="radio"/> Windmill
<input type="radio"/> Other (specify): _____	<input type="radio"/> Other (specify): _____
Date Pump Installed: <u>2-17-12</u>	Horse Power Rating of Motor: <u>1/2</u>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Setting Depth: <u>20'</u> feet
	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	<input type="radio"/> Air Line
Static Water Level (A): _____ Feet Below Land Surface	<input type="radio"/> Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	<input checked="" type="radio"/> Steel Tape
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: _____ Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Brad Fitzgerald 029
Print Name of Pump Installer and License No. (if applicable)

Bob Siple
Signature of Pump Installer

Form: OLWR-SWR-1B (07-09)

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BY: OLWR

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