

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Services
 Date drilling completed: 2-5-08

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 #: N-154
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Curtis Reid</u>	Latitude: <u>31° 5' 34.5"</u> Longitude: <u>90° 47' 43.9"</u>
Mailing Address: <u>Pond Lane</u>	Method of Lat/Long (circle one): <u>34</u> Conventional Survey, <u>44</u>
<u>Liberty</u> MS	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> ¼ <u>SW</u> ¼ Sec. <u>41</u> Twn <u>2N</u> Rng <u>4E</u>
Telephone No. () _____	Distance Direction Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 2-5-08 Date drilling completed: 2-5-08 Hole depth: 113' 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: 94' feet above or below (circle one) land surface Date measured: 2-5-08

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

Well depth: 113' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 103' 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 103' feet to 113' 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*

MISSISSIPPI
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 OFFICE OF LAND AND WATER RESOURCES
 JACKSON, MISSISSIPPI

STATE WELL REPORT

Part 2

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:

Agent: _____
Well #: N-154
Elevation: _____

County: Amite
Permit #: _____
Driller: Edward Well Serv
Date completed: 2-5-08

Copy information from check 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

Owner Name: Curis Reid
Mailing Address: Road 141
City: Liberty ms State: _____ Zip Code: _____
Telephone No. () _____

Well Location

Latitude: 30° 5' 34.5" Longitude: 90° 49' 43.9"
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Distance _____ Direction _____ Nearest Town _____
Miles _____ of _____

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 2-5-08
Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): 3/4
Horse Power Rating of Motor: _____

Setting Depth: 110 feet
Number of Stages: 12

Pump Test Data

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

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____

For flowing well, measured about in head: _____ feet
Well yielded _____ GPM with a drawdown of _____ feet
_____ feet after _____ hours of pumping

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

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

Form: OLWR-SWR-1B