

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)

County: Amite
Permit #: _____
Driller: Fitzgerald Well Serv
Date drilling completed: 8-13-09

For Office Use Only:
Aquifer: _____
Well #: N163
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>Dudley Culley</u>	Latitude: <u>31° 9' 18.3"</u> Longitude: <u>90° 48' 32.8"</u>
Mailing Address: <u>5 Church St.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>33</u>
<u>Liberty</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 9 Twn 2N Rng 4E</u>
Telephone No. () _____	Distance Direction Nearest Town Miles of _____

Well / Borehole Data

Date drilling started: 8-13-09 Date drilling completed: 8-13-09 Hole depth: 114' 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: Greenhouses

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 61' feet above or below (circle one) land surface Date measured: 8-13-09

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

Well depth: 114' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 104' 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 104' feet to 114' 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

RECEIVED

SEP 10 2009

BY: OLWR

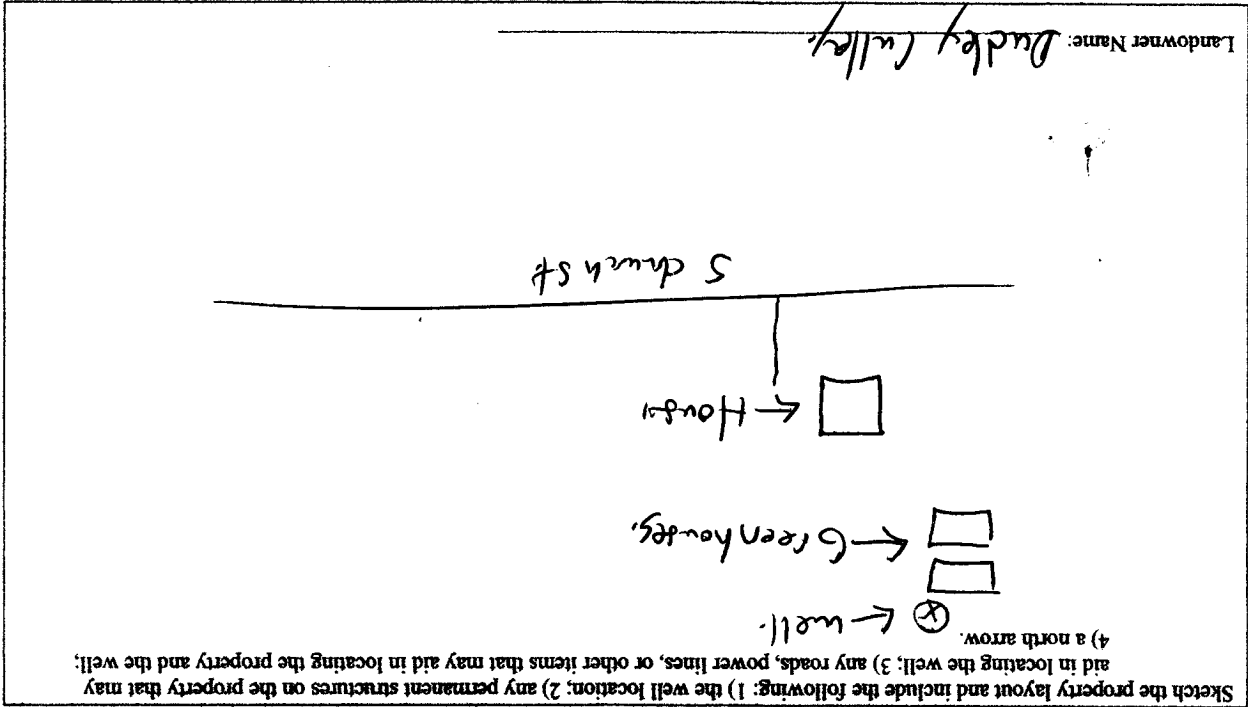
Print Name of Responsible Licensee and License No. Date Signature of Licensee

Brad Fitzgerald 009 8-13-09 [Signature]

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Form: OLWR-SWR-1A

Landowner Name: Dudley Culley



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;

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

Table with 3 columns: From (depth), To (depth), Description of Formations Encountered. Contains handwritten entries for Clay, Gravel, Sand, and Curst sand.

Description of Formations Encountered From (depth) To (depth)

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

Form: OLWR-SWR-1B

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Signature of Pump Installer: [Signature]
 Print Name of Pump Installer and License No. (if applicable): Brad Fitzgerald 029

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 shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet
 hours of pumping _____ feet after _____

Pump Type

Circle one
 Air Lift _____
 Bucket _____
 Centrifugal _____
 Rotary _____
 Flowing Well _____
 Turbine _____
 Submersible _____

Power Type

Circle one
 Diesel Engine _____
 Gasoline Engine _____
 Hand _____
 Tractor PTO _____
 Natural Gas _____

Electric Motor

Other (specify): _____
 Horse Power Rating of Motor: 1/2
 Setting Depth: 85 feet
 Number of Stages: 8

Rated Pump Capacity: _____ Gallons Per Minute
 Date Pump Installed: 8-13-09
 Other (specify): _____

Well Owner Information

Owner Name: Budley Culley
 Mailing Address: Schuch St
 City: Liberty MS
 State: _____
 Zip Code: _____
 Telephone No. () _____

Well Location

Latitude: 31° 9' 18.3" Longitude: 90° 48' 32.8"
 Method of Lat/Long (check one): Hand-held GPS Survey-grade GPS _____
 USGS quad _____
 Distance _____ Direction _____
 Nearest Town _____
 Miles _____ of _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Copy information from block on Part I

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date completed: 8-13-09

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 #: N163
 Elevation: _____

STATE WELL REPORT