

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv.
 Date drilling completed: 3-5-10.

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: 093
 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)	Well or Borehole Location
Owner Name: <u>Jennifer Hucabra</u>	Latitude: <u>31° 08' 54.1"</u> Longitude: <u>90° 42' 30.8"</u>
Mailing Address: <u>Patterson</u>	Method of Lat/Long (circle one): <u>54</u> Conventional Survey, <u>31</u>
<u>Liberty</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4</u> Sec <u>9</u> Twn <u>2N</u> Rng <u>SE</u>
Telephone No. () _____	Distance _____ Miles Direction _____ of _____ Nearest Town

Well / Borehole Data

Date drilling started: 3-5-10 Date drilling completed: 3-5-10. Hole depth: 115' 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: 3-5-10

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

Well depth: 115' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 105' 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 105' feet to 115' 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*

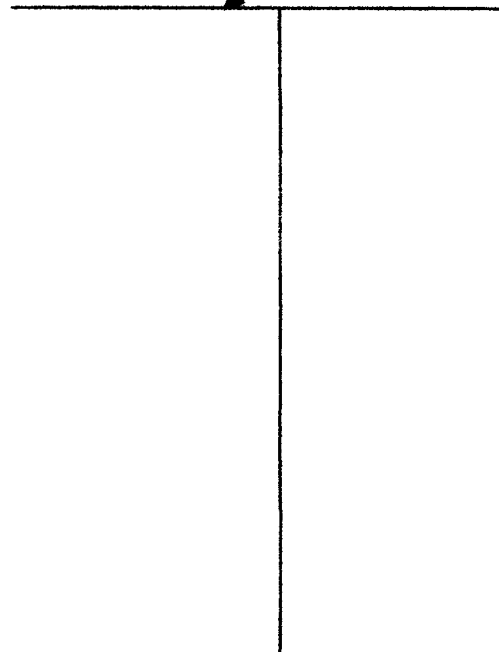
Form: OLWR-SWR-1A

RECEIVED
 MAR 26 2010
 BY: OLWR

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level 

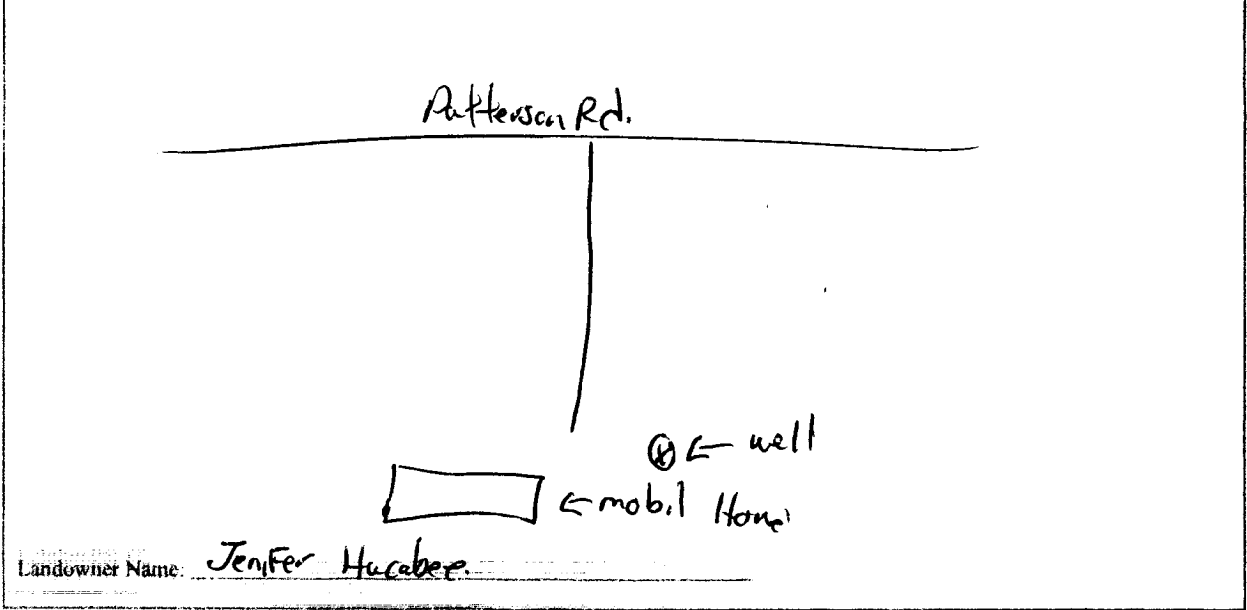


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20
Clay	20	40
Sand	40	80
Gravel	80	100
Purple Sand	100	115

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.



Form: OLWR-SWR-1A

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.

Brian Fitzgerald 029 3-5-10 Brian Fitzgerald

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

APR 15 2010
 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
 1000 N. STATE ST., SUITE 200
 JACKSON, MISSISSIPPI 39201

RECEIVED
 APR 28 2010
 MISSISSIPPI

Form: OLWR-SWR-1B

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) David E. Haggard 02A
 Signature of Pump Installer [Signature]

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
 Air Line _____
 Electric Measuring Line _____
 Steel Tape (circled)
 Circle one
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Pump Type
 Air Lift _____
 Bucket _____
 Centrifugal _____
 Other (specify): _____
 Date Pump Installed: 3-5-10
 Rated Pump Capacity: 12 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine _____
 Gasoline Engine _____
 Natural Gas _____
 Tractor PTO _____
 Hand _____
 Electric Motor (circled)
 Windmill _____
 Other (specify): 3/4
 Horse Power Rating of Motor: _____
 Setting Depth: 110 feet
 Number of Stages: 12

Well Owner Information
 Owner Name: Dwight Hucabre
 Mailing Address: Paterson Rd
 City: Liberty MS
 State: _____
 Zip Code: _____
 Telephone No. () _____

Well Location
 Latitude: 31° 8' 54.1" Longitude: 90° 42' 30.8"
 Method of Lat/Long (check one): Conventional Survey
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 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 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

For Office Use Only:
 Aquifer: 093
 Well #: _____
 Elevation: _____

Part 2
 Mississippi Department of Environmental Quality
 Pump Installer's Completion Report
 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: Etzward Well Svc
 Date completed: 3-5-10
 Copy information from block on Part 1

STATE WELL REPORT