

County: Amite
 Permit #: _____
 Driller: Fitzgerald, Well Serv
 Date drilling completed: 3-2-12

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2369
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Acq#: 0101
 Well#: _____
 U.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 align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Dwight Andree</u> Mailing Address: <u>Hump Lea Rd.</u> <u>L. Lakey</u> <u>MS</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>31° - 8' - 48.6"</u> Longitude: <u>90° - 40' - 11.7"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> <u>SE</u> % Sec. <u>11</u> ✓ Twp. <u>2N</u> ✓ Rng. <u>SE</u> ✓ Distance Direction Nearest Town Miles of _____</p>
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Well / Borehole Data

Date drilling started: 3-2-12 Date drilling completed: 3-2-12 Hole depth: 163' Hole diameter: 8"

Location of the source of any surface water used for drilling: _____
 Method of closing 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 logs: _____

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: Blue Berry Field

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

Static Water Level: 92' feet above or below (circle one) land surface Date measured: 3-2-12
 Method of Measurement (circle one): spot tape electric tape air line other: _____

Well depth: 163' Well grouted to a depth of 10' feet Type of grout (circle one): Best Cement Bentonite Mix
 Casing length: 133' feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 30' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: 0.2/0.16/0.12 inches Setting depth: From 133' feet to 163' 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*

Pump set by The Warehouse

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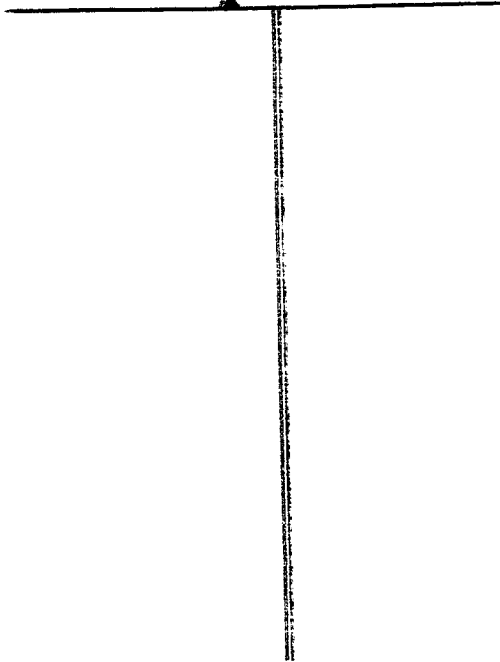
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Description of the well and its location

Description of the well and its location

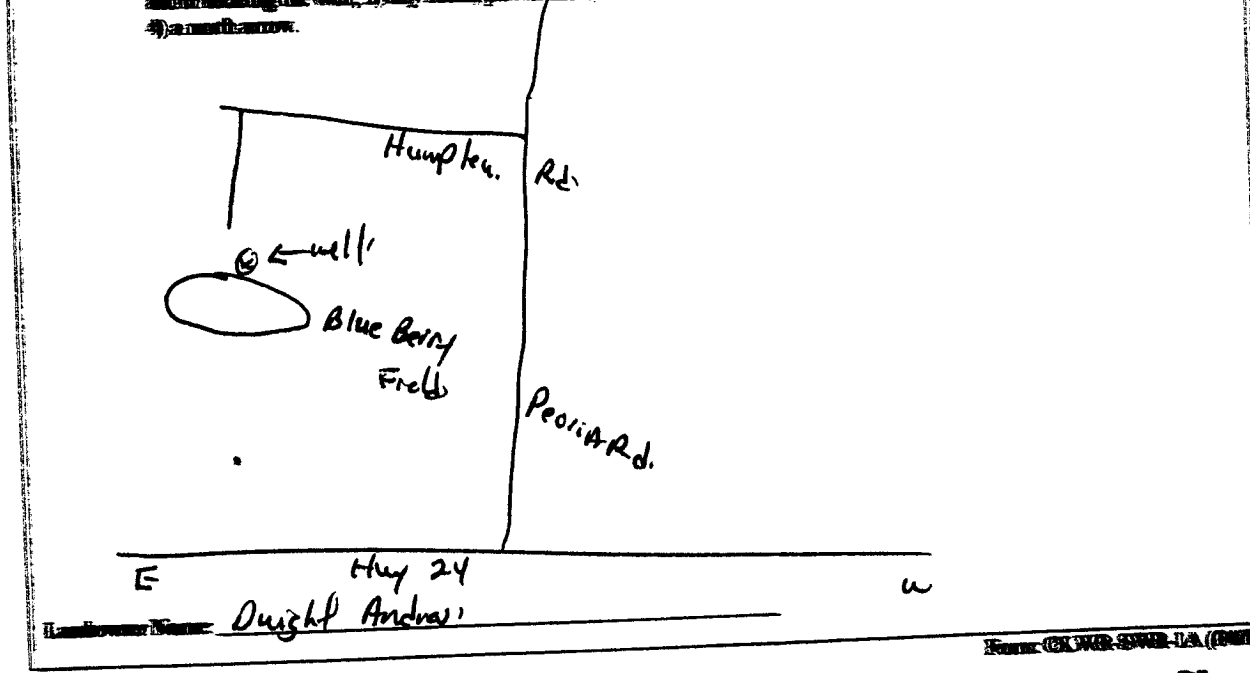
Quantity

Description of formation encountered	From (Depth)	To (Depth)
	Ground level	
clay	0	20
clay	20	40
sand	40	70
gravel	70	100
clay	100	120
sand	120	140
curse sand	140	163



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 affect the location of the well; 3) any utility, power lines, or other items that may affect the location of the property and the well; 4) a north arrow.



I certify that the well described was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health, if applicable, and state

Brad Fitzgerald 029. 3.2-12 Beal
Date Signature of Licensee

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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)

County: AMITE
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date completed: 3-2-12

For Office Use Only:

Aquifer: _____
 Well #: Ø101
 Elevation: _____

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>Dwight Anderson</u> Mailing Address: <u>Hoglan Rd</u> <u>Lakaty MS</u> City State Zip Code Telephone No. () _____	Latitude: <u>31° 8' 49.1"</u> Longitude: <u>92° 4' 11.2"</u> Method of Lat/Long (circle one): Conventional Survey. USGS quad, Hand-held GPS. Survey-grade GPS <u>SE ¼ SE ¼ Sec 11 Twn 2N Rng 5E</u> Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>3-25-12</u> Rated Pump Capacity: <u>50</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: _____ feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-25-12</u> Static Water Level (A): <u>92'</u> Feet Below Land Surface Pumping Water Level (B): <u>100</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface Test Pumping Rate: <u>50</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

0305
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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