

State Well Report

Part 1

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 #: Q-34
L. S. Elevation: _____
E-log #: _____

County: Amite
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 11-8-04

Fitzgerald Well Service, Inc.

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Well Location

Owner Name: GARY GUDRY
Mailing Address: RR Centerville, MS
Centerville MS
City State Zip Code
Telephone No. () _____

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
_____ 1/4 _____ 1/4 Sec 30 Twn 1N Rng 2E
Distance Direction Nearest Town
8 Miles SE of Centerville

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 11-8-04 Date well drilling completed: 11-8-04

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

Static Water Level: 49' feet above or below (circle one) land surface Date measured: 11-8-04

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

Hole depth: 80' Well depth: 80' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .010 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Brad Fitzgerald 029
Print Name of Water Well Contractor and License No.

Brad Fitzgerald
Signature of Water Well Contractor

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NOV 17 2004

BY: OLWR

BY: OLWF

NOV 12 2004

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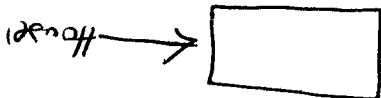
Signature of Water Well Contractor

Bud St...

Landowner Name:

Gary Gundry

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) indicate direction.



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

If well telescopes please sketch below and show depths.

0	20	clay
20	40	sand
40	45	gravel
45	60	coarse sand gravel
60	80	

To From

Description of Formations Encountered

Ground Level

Q-34

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)

For Office Use Only:

Aquifer:

Well #: Q-34

Elevation:

County: Amite
Permit #: _____
Driller: Edgemoor Well Service
Date completed: 11-8-04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p>Well Owner Information</p> <p>Owner Name: <u>Gary Gaudin</u> Mailing Address: <u>RK Carfellow, Inc</u> City: <u>Carfellow, MS</u> State: _____ Zip Code: _____ Telephone No. () _____</p>		<p>Well Location</p> <p>Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Distance: <u>8</u> Miles <u>SE</u> of <u>Carfellow</u> Nearest Town Direction: _____ 1/4 Sec: <u>30</u> 1/4 Rng: <u>2E</u></p>	
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<p>Pump Type</p> <p>Circle one</p> <p> <input type="radio"/> Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/> Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well </p>		<p>Rated Pump Capacity: <u>12</u> Gallons Per Minute</p> <p>Date Pump Installed: <u>11-8-04</u></p> <p>Other (specify): _____</p>	
<p>Power Type</p> <p>Circle one</p> <p> <input type="radio"/> Diesel Engine <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas </p>		<p>Number of Stages: <u>8</u></p> <p>Setting Depth: <u>72</u> feet</p> <p>Horse Power Rating of Motor: <u>1/2</u></p> <p>Windmill <input type="radio"/> Other (specify): _____</p>	

<p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown (B) - (A): _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>		<p>Method of Measuring Water Level</p> <p>Circle one</p> <p> <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ </p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>	
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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 029

Signature of Pump Installer: [Signature]

BY: OLWB

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