

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 #: R-65
 L. S. Elevation: _____
 E-log #: _____

County: Amite
 Permit #: _____
 Driller: B. Fitzgerald
 Date drilling completed: 10-5-04
Fitzgerald Well Serv. 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: <u>Jeff Gurney</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1014 Laurel (Caulle Rd)</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Liberty</u> MS City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>24</u> Twn <u>01N</u> Rng <u>3E</u>
Telephone No. () _____	Distance <u>10</u> Miles <u>SW</u> of <u>Liberty</u>

Well Data

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

Date well drilling started: 10-5-04 Date well drilling completed: 10-5-04

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

Static Water Level: 89' feet above or below (circle one) land surface Date measured: 10-5-04

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

Hole depth: 185' Well depth: 185' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 175' 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 175' feet to 185' feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

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BY: OLWR

Name of organization running log(s): _____

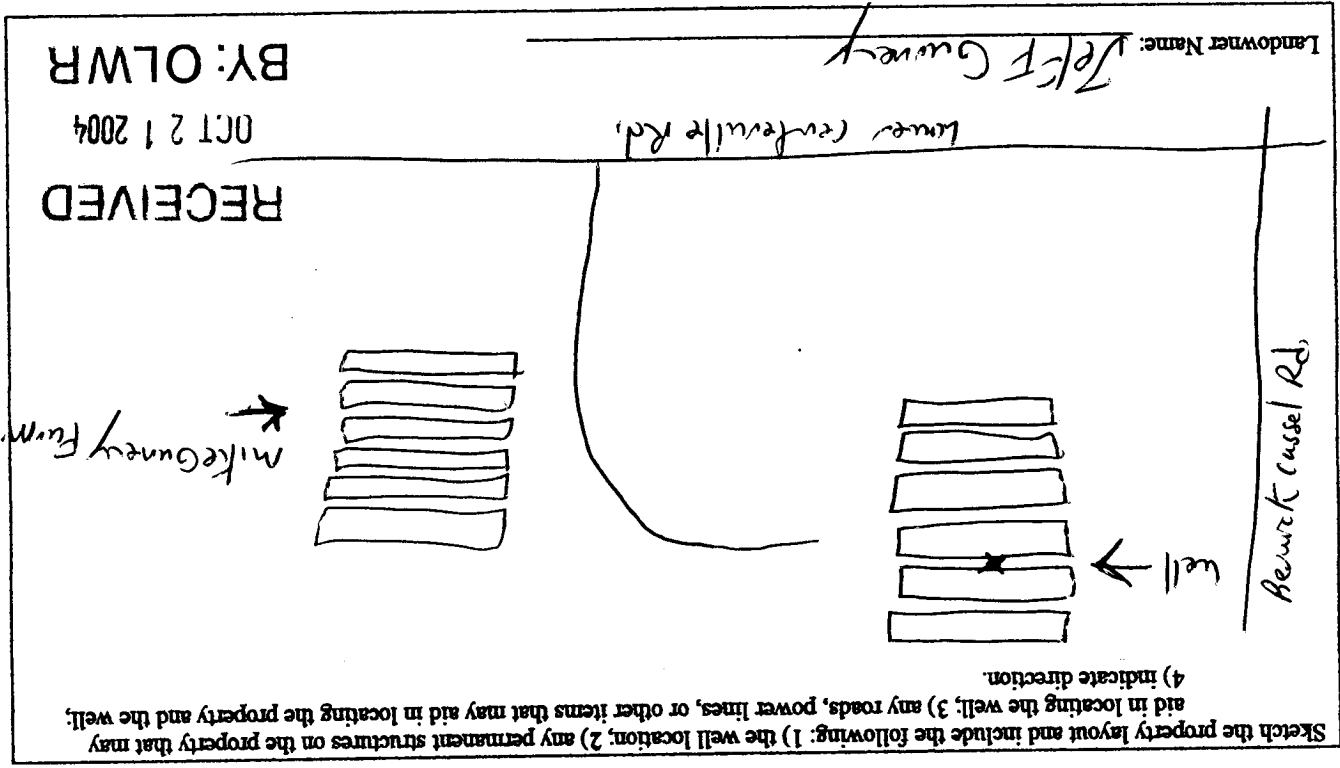
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

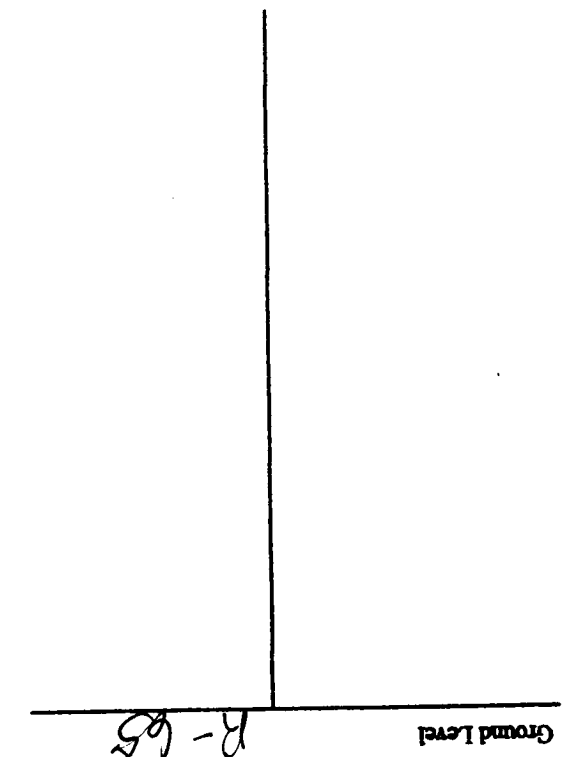
Brend Stys
 Signature of Water Well Contractor

Signature of Water Well Contractor

Brent Stogdell



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



If well telescopes please sketch below and show depths.

Description of Formations Encountered		From	To
Clay		0	20
Sand		20	60
Clay		60	80
Sand		80	90
Clay		90	130
Sand		130	160
Clay		160	185
Sand		185	190
Clay		190	200
Sand		200	210
Clay		210	220
Sand		220	230
Clay		230	240
Sand		240	250
Clay		250	260
Sand		260	270
Clay		270	280
Sand		280	290
Clay		290	300
Sand		300	310
Clay		310	320
Sand		320	330
Clay		330	340
Sand		340	350
Clay		350	360
Sand		360	370
Clay		370	380
Sand		380	390
Clay		390	400
Sand		400	410
Clay		410	420
Sand		420	430
Clay		430	440
Sand		440	450
Clay		450	460
Sand		460	470
Clay		470	480
Sand		480	490
Clay		490	500
Sand		500	510
Clay		510	520
Sand		520	530
Clay		530	540
Sand		540	550
Clay		550	560
Sand		560	570
Clay		570	580
Sand		580	590
Clay		590	600
Sand		600	610
Clay		610	620
Sand		620	630
Clay		630	640
Sand		640	650
Clay		650	660
Sand		660	670
Clay		670	680
Sand		680	690
Clay		690	700
Sand		700	710
Clay		710	720
Sand		720	730
Clay		730	740
Sand		740	750
Clay		750	760
Sand		760	770
Clay		770	780
Sand		780	790
Clay		790	800
Sand		800	810
Clay		810	820
Sand		820	830
Clay		830	840
Sand		840	850
Clay		850	860
Sand		860	870
Clay		870	880
Sand		880	890
Clay		890	900
Sand		900	910
Clay		910	920
Sand		920	930
Clay		930	940
Sand		940	950
Clay		950	960
Sand		960	970
Clay		970	980
Sand		980	990
Clay		990	1000

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:

Agent:

Well #: R-65

Elevation:

County: Amite
 Permit #: _____
 Driller: E Fitzgerald
 Date completed: 10-5-04

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 Location</p> <p>Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>1/4 _____ 1/4 _____ 1/4 _____ 1/4 _____ Section _____ Township _____ Range _____</p> <p>Distance _____ Miles Direction _____ Nearest Town _____ _____ of _____</p>		<p>Well Owner Information</p> <p>Owner Name: <u>Jeff Gouvy</u> Mailing Address: <u>Lower Leavelle Rd.</u> City: <u>Liberty MS</u> State: _____ Zip Code: _____</p> <p>Telephone No. () _____</p>	
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<p>Pump Type</p> <p>Circle one</p> <p>Submersible <input checked="" type="radio"/> Turbine <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Centrifugal <input type="radio"/> Bucket <input type="radio"/> Air Lift <input type="radio"/> Other (specify): _____</p> <p>Date Pump Installed: <u>10-5-04</u> Rated Pump Capacity: _____ Gallons Per Minute</p>		<p>Power Type</p> <p>Circle one</p> <p>Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>3 HP</u> Setting Depth: <u>145'</u> feet Number of Stages: _____</p>	
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<p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours</p>		<p>Method of Measuring Water Level</p> <p>Circle one</p> <p>Air Line <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____</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): Brian Fitzgerald 029
 Signature of Pump Installer: Brian Fitzgerald