

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Services
 Date drilling completed: 12-4-07

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: _____
 Well #: R-72
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Key ne Dugle</u>	Latitude: <u>31° 0' 11.5"</u> Longitude: <u>90 56 14.6"</u>
Mailing Address: <u>Homer Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Liberty</u> MS	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 44</u> Twn <u>1N</u> Rng <u>3E</u>
Telephone No. () _____	<u>IR SW 45</u> Distance Direction Nearest Town
	Miles of _____

Well / Borehole Data

Date drilling started: 12-4-07 Date drilling completed: 12-4-07 Hole depth: 96 Hole diameter: 7"

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: 16' feet above or below (circle one) land surface Date measured: 12-4-07

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

Well depth: 96' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 86' 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 86' feet to 96' 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

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R-72

The sketch below only required for water wells

If well telescopes, show depths on sketch

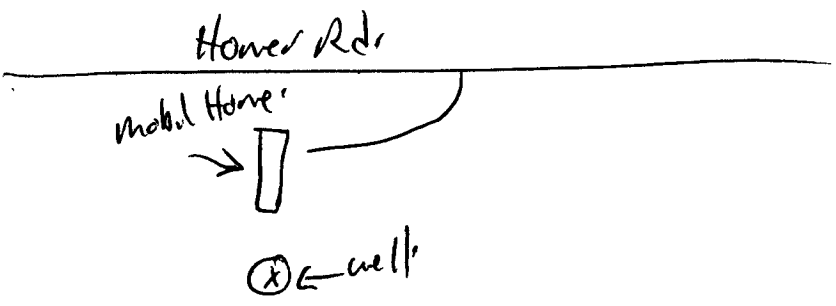
Ground Level _____

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
Clay	40	80
Coarse Sand	80	76

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.



Landowner Name: Wayne Daigle

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 0291 12-4-07
 Print Name of Responsible Licensee and License No. Date

Brian Fitzgerald
 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: 12-4-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: R-72
 Elevation: _____

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.

Well Owner Information

Owner Name: Wayne Daigle
 Mailing Address: Honey Rd
Liberty ms.
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 31°0'11.5" Longitude: 90°56'14.6"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
 1/4 _____ 1/4 Sec _____ T _____ R _____
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type

Circle one

Air Lift _____
 Bucket _____
 Centrifugal _____
 Other (specify): _____
 Jet Submersible
 Piston _____ Turbine _____
 Rotary _____ Flowing Well _____

Power Type

Circle one

Diesel Engine _____ Natural Gas _____
 Electric Motor _____ Hand _____ Tractor PTO _____
 Windmill _____ Other (specify): _____
 Horse Power Rating of Motor: 1 1/2
 Setting Depth: 50' _____ feet
 Number of Stages: ? _____

Date Pump Installed: 12-4-07
 Rated Pump Capacity: 25 Gallons Per Minute

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 _____
 Other (specify): _____
 Electric Measuring Line Steel Tape
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ hours of pumping

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

Bread Fitzgerald 024
 Print Name of Pump Installer and License No. (if applicable)

Bread Fitzgerald
 Signature of Pump Installer

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JAN 02 2008

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