

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 #: S-45 05

L. S. Elevation: _____

E-log #: _____

County: Amite

Permit #: _____

Driller: Fitzgerald Well Service

Date drilling completed: 10-29-04

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>Gary Lewis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Marywell Brdg Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Liberty</u> <u>MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>14</u> Twn <u>10N</u> Rng <u>4E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>8</u> Miles <u>South</u> of <u>Liberty</u>

Well Data

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

Date well drilling started: 10-29-04 Date well drilling completed: 10-29-04

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

Static Water Level: 22' feet above or below (circle one) land surface Date measured: 10-29-04

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

Hole depth: 75' Well depth: 75' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 10/2 inches Setting depth: From 65' feet to 75' 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.

Brian Fitzgerald owner

Print Name of Water Well Contractor and License No.

Brian Fitzgerald

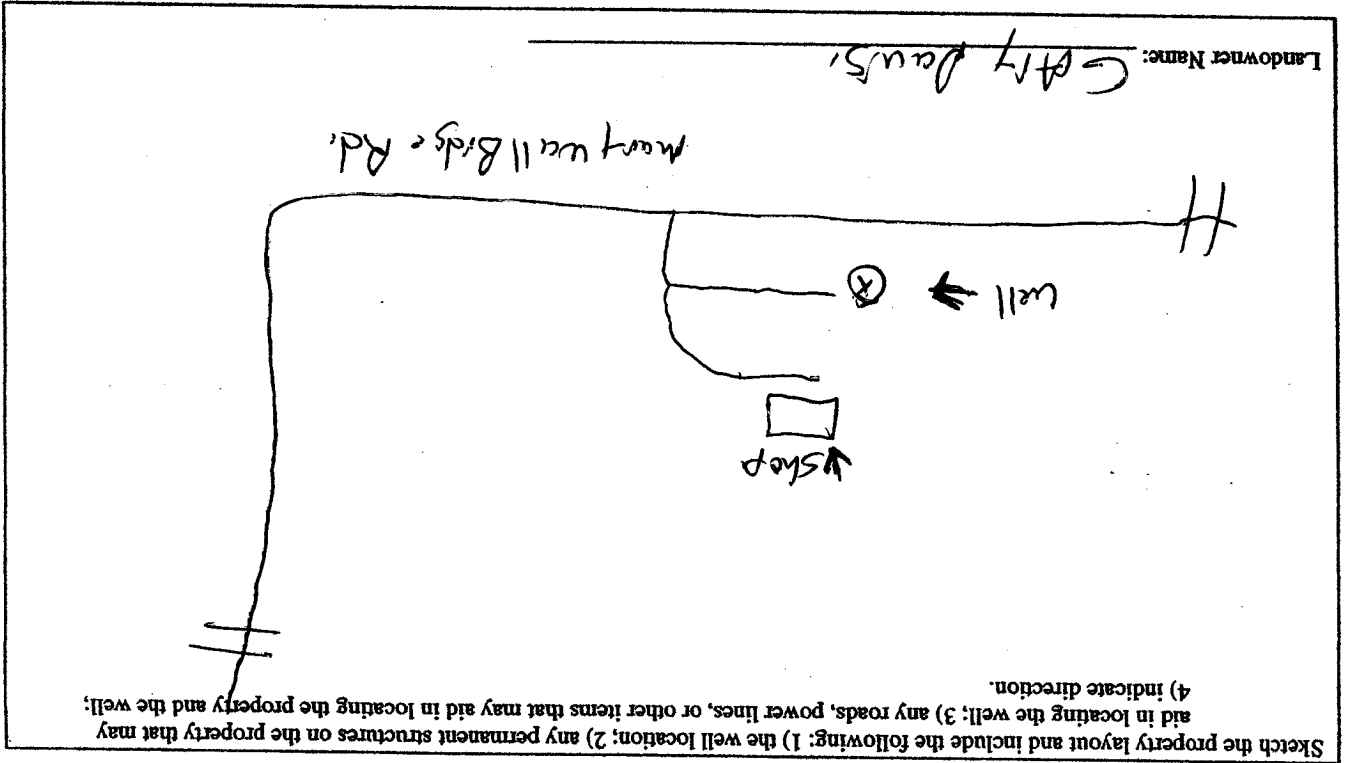
Signature of Water Well Contractor

RECEIVED
 NOV 03 2004
 BY: OLWR

RECEIVED
 NOV 03 2004
 BY: OLWH

Signature of Water Well Contractor

B. St. John



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

Description of Formations Encountered		From	To
Clay		0	15
Clay		15	30
Clay		20	50
Sand		50	60
Large sand gravel		60	75

Ground Level *S-115*

If well telescopes please sketch below and show depths.

(005)

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:

Acquirer:

Well #: S-415

Elevation: _____

County: Amite
 Permit #: Fitzgerald Wellbore
 Driller: Fitzgerald Wellbore
 Date completed: 10-29-04

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

Well Owner Information

Owner Name: Gay Davis
 Mailing Address: May Wall Bldg Rd
Liberty MS
 City State Zip Code _____
 Telephone No. () _____

Well Location

Latitude: _____
 Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
 1/4 Sec 14 1/4 Ring 4E
 Direction South Nearest Town Liberty
 Distance 8 Miles

Pump Type

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

Date Pump Installed: 10-29-04
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one
 Diesel Engine
 Gasoline Engine
 Natural Gas
 Hand Tractor PTO
 Electric Motor
 Windmill
 Other (specify): _____

Horse Power Rating of Motor: 1/2
 Setting Depth: 55 feet
 Number of Stages: 8

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

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 Brad Fitzgerald

RECEIVED
 NOV 03 2004
 BY: OLWR