

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 3-15-10

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: S 54
 Well #: _____
 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>Jackie Caslon</u>	Latitude: <u>31° 0' 17"</u> Longitude: <u>90° 46' 35.3"</u>
Mailing Address: <u>Beun Rd,</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Liberty MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>N 1/4 S 1/4 Sec 35 Twn 1N Rng 4E</u>
Telephone No. () _____	Distance Direction Nearest Town
	Miles of _____

Well / Borehole Data

Date drilling started: 3-15-10 Date drilling completed: 3-15-10 Hole depth: 154' Hole diameter: 8"

Location of the source of any surface water used for drilling: _____
 Method of casing 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: 108' feet above or below (circle one) land surface Date measured: 3-15-10

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

Well depth: 154' Well grouted to a depth of 10' feet Type of grout (circle one): (Neat Cement) Bentonite Mix

Casing length: 144' 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 144' feet to 154' 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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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: S 54

Well #: _____

Elevation: _____

County: Attala

Permit #: _____

Driller: Etzgerald Well Service

Date completed: 3-15-10

Copy information from block on Part 1

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.

<p>Well Location</p> <p>Latitude: <u>30° 0' 17"</u> Longitude: <u>90° 46' 35.3"</u></p> <p>Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____</p> <p>USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____</p> <p>Distance _____ Direction _____ Nearest Town _____</p> <p>Miles _____ of _____</p>	<p>Well Owner Information</p> <p>Owner Name: <u>Jackie Lydon</u></p> <p>Mailing Address: <u>Bear Rd.</u></p> <p>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="checkbox"/> Air Lift _____</p> <p>Jet _____ Piston _____</p> <p>Turbine _____ Rotary _____</p> <p>Flowing Well _____</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>3-5-10</u></p> <p>Rated Pump Capacity: <u>12</u> Gallons Per Minute</p>	<p>Power Type</p> <p>Circle one</p> <p>Diesel Engine _____</p> <p>Gasoline Engine _____</p> <p>Hand _____</p> <p>Electric Motor <input checked="" type="checkbox"/> Windmill _____</p> <p>Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>3/4</u></p> <p>Setting Depth: <u>140</u> feet</p> <p>Number of Stages: <u>12</u></p>
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<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>Air Line _____</p> <p>Electric Measuring Line _____</p> <p>Steel Tape <input checked="" type="checkbox"/> Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet</p> <p>_____ 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): Bird Fitzgerald

Signature of Pump Installer: [Signature]

Form: OLWR-SWR-1B