

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 5-30-06

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 #: T-58
 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>Seth Duke</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hampton Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Liberty</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>1N</u> Rng <u>5E</u>
Telephone No. () _____	Distance <u>11</u> Miles Direction <u>SE</u> of Nearest Town <u>Liberty</u>

Well / Borehole Data

Date drilling started: 5-30-06 Date drilling completed: 5-30-06 Hole depth: 100' Hole diameter: 8"

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: 73 feet above or below (circle one) land surface Date measured: 5-30-06

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4" inches Type of casing: PVC

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

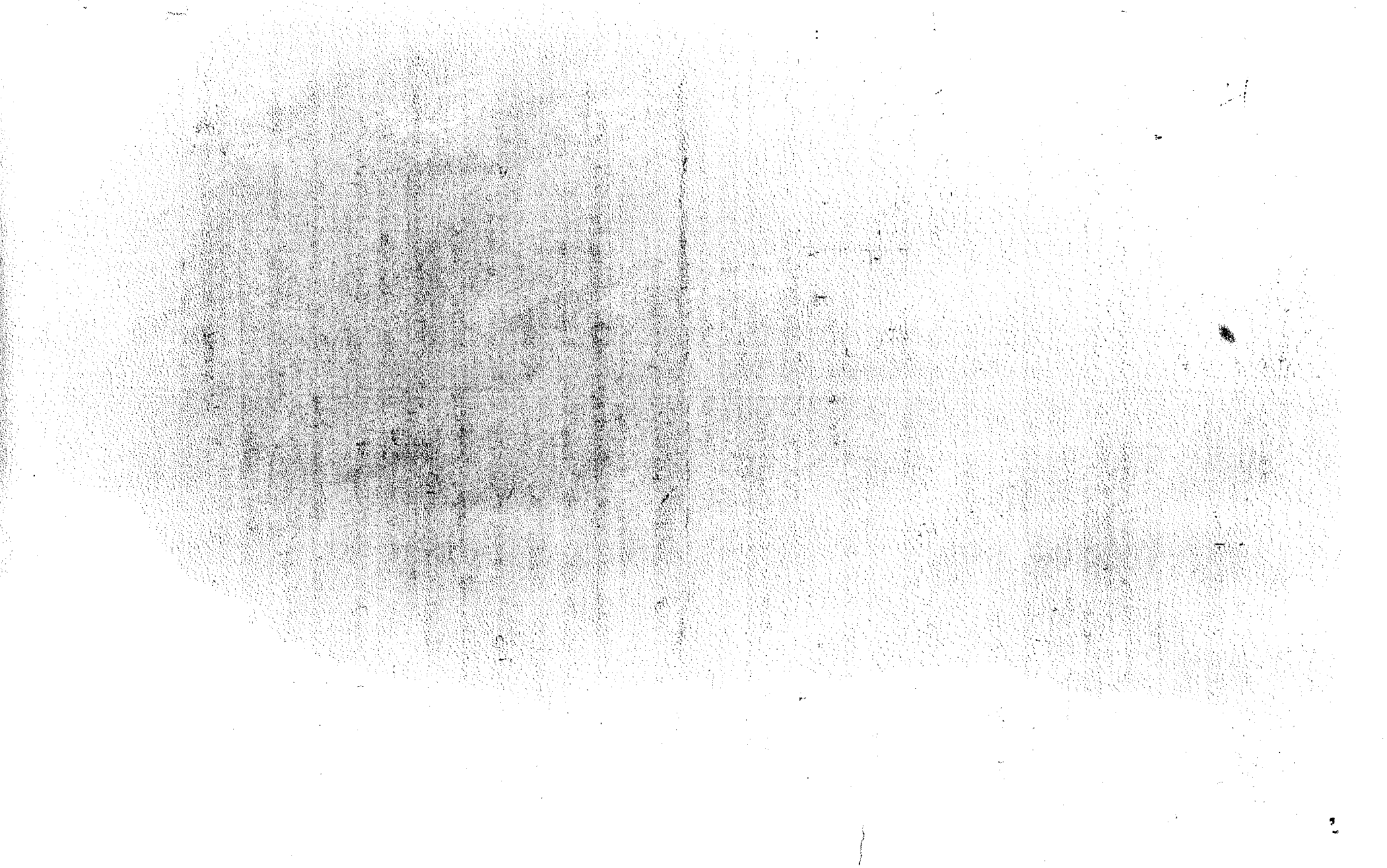
Screen slot size: .012 inches Setting depth: From 90 feet to 100 feet

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*

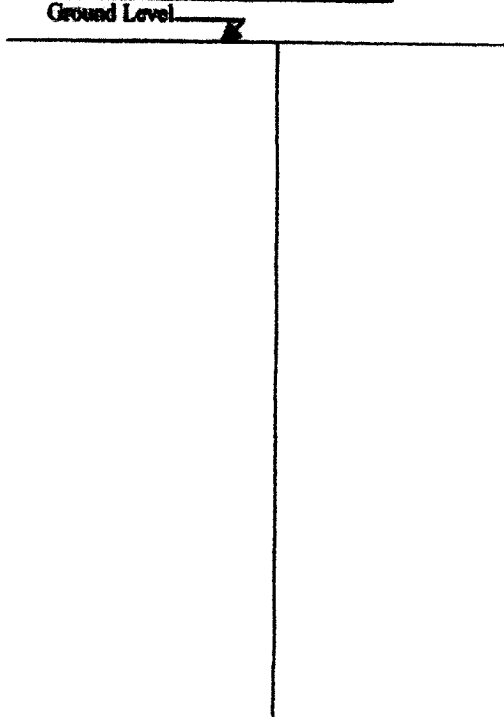
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1950
1951
1952



The sketch below only required for water wells

If well screens, show depths on sketch

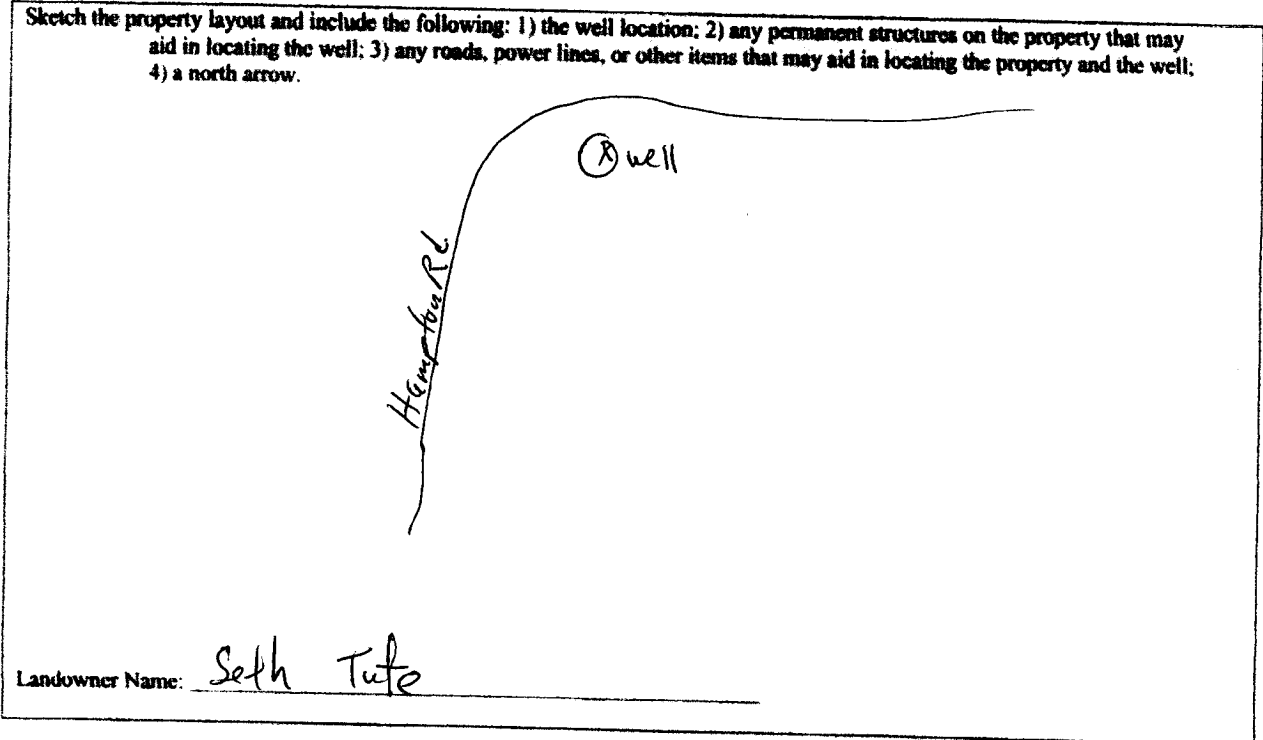


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20
Sand	20	40
Clay	40	60
Gravel	60	80
Sand	80	90
Coarse Sand	90	100

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.



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.

Print Name of Responsible Licensee and License No. Brian Fitzgerald

Date 5-30-06

Signature of Licensee Brian Fitzgerald

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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: _____

Well #: T-58

Elevation: _____

County: Franklin

Permit #: _____

Driller: Thompson Well Service

Date completed: 5/30/06

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 Owner Information</p> <p>Owner Name: <u>Seth Duke</u></p> <p>Mailing Address: <u>Hampton Rd.</u></p> <p>City: <u>Liberty MS</u></p> <p>State: _____</p> <p>Zip Code: _____</p> <p>Telephone No. () _____</p>		<p>Well Location</p> <p>Latitude: _____</p> <p>Longitude: _____</p> <p>Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> _____</p> <p>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____</p> <p>Distance _____ Miles <u>SE</u> of <u>liberty</u> Nearest Town</p> <p>Direction _____</p> <p>Distance _____ Miles <u>SE</u> of <u>liberty</u> Nearest Town</p>	
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<p>Pump Type</p> <p>Circle one</p> <p>Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Centrifugal <input type="checkbox"/> Bucket <input type="checkbox"/> Air Lift <input type="checkbox"/></p>		<p>Rated Pump Capacity: _____ Gallons Per Minute</p> <p>Date Pump Installed: <u>5-30-06</u></p> <p>Other (specify): _____</p>	
<p>Power Type</p> <p>Circle one</p> <p>Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Electric Motor <input checked="" type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____</p>		<p>Other (specify): _____</p> <p>Rated Pump Capacity: <u>12</u> Gallons Per Minute</p> <p>Date Pump Installed: <u>5-30-06</u></p>	

<p>Pump Test Data</p> <p>Date Well Tested: <u>5-30-06</u></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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet</p> <p>hours after _____ 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.

Signature of Pump Installer: Bob Stuyck

Print Name of Pump Installer and License No. (if applicable): Bob Stuyck

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