

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 9-17-08

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-67
 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
(Landowner if borehole is not for a water well)
 Owner Name: David Regan
 Mailing Address: River Rd
Wabady MS
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: 31° 4' 32.6" Longitude: 90° 42' 51.9"
 Method of Lat/Long (circle one): Conventional Survey, 52
 USGS quad, Hand-held GPS, Survey-grade GPS
SW SW Sec 4 Twn 1N Rng 5E
 Distance Direction Nearest Town
 Miles of _____

Well / Borehole Data
 Date drilling started: 9-17-08 Date drilling completed: 9-17-08 Hole depth: 9-17-08 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: 54' feet above or below (circle one) land surface Date measured: 9-17-08
 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*

Form: OLWR-SWR-1A

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 BY: OLWR

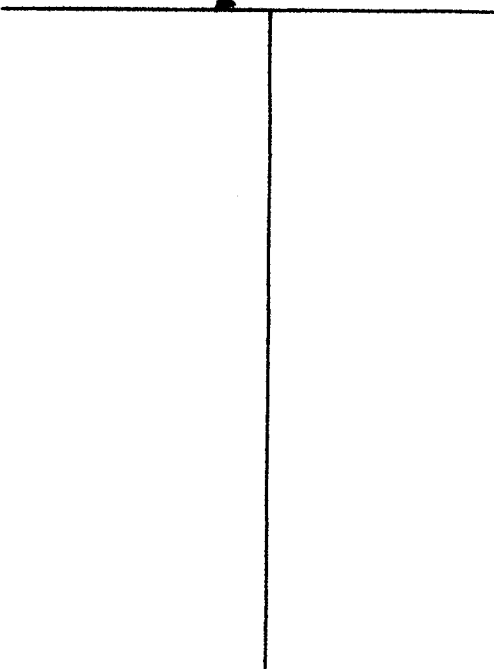
T-67

The sketch below only required for water wells.

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

If well telescopes, show depths on sketch.

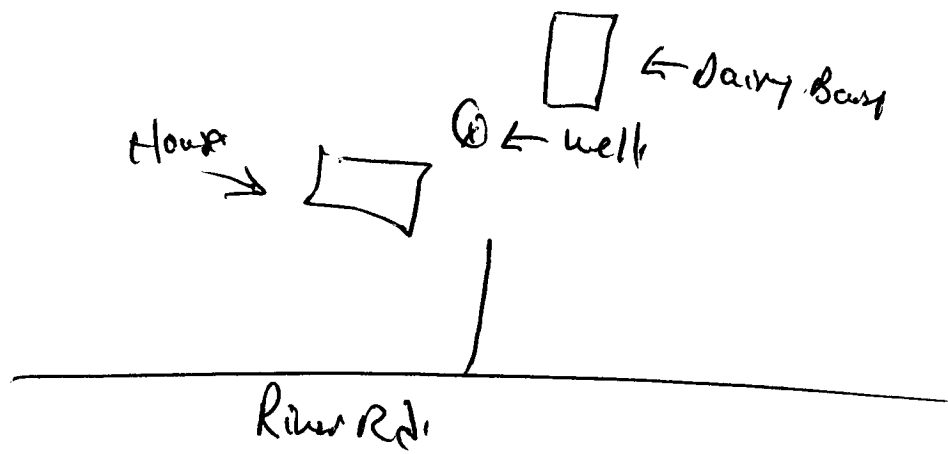
Ground Level



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20
Sand	20	60
Clay	60	70
Sand	70	80
Coarse Sand	80	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.



Landowner Name: David Regan

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.

Form: OLWR-SWR-1A

Brad Fitzgerald 074 9-17-08 Brad Fitzgerald
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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Form: OLWR-SWR-1B

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): David Fitzgerald 0091
 Signature of Pump Installer: David Fitzgerald

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 <u>_____</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ hours of pumping _____ feet after _____
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Pump Type Circle one Air Lift _____ Bucket _____ Centrifugal _____ Rotary _____ Flowing Well _____ Turbine _____ Jet <u>Submersible</u> Diesel Engine _____ Gasoline Engine _____ Hand _____ Tractor PTO _____ Natural Gas _____ Power Type Circle one	Rated Pump Capacity: _____ Gallons Per Minute Date Pump Installed: <u>9-17-08</u> Other (specify): _____ Setting Depth: <u>90</u> feet Number of Stages: <u>8</u> Horse Power Rating of Motor: _____ Windmill _____ Other (specify): _____ Diesel Engine _____ Gasoline Engine _____ Hand _____ Tractor PTO _____ Natural Gas _____ Power Type Circle one
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Well Owner Information Owner Name: <u>David Regan</u> Mailing Address: <u>River Rd</u> City: <u>Liberty MS</u> State: _____ Zip Code: _____ Telephone No. () _____	Well Location Latitude: <u>31° 4' 32.6"</u> Longitude: <u>90° 42' 51.9"</u> Method of Lat/Long (check one): <u>Conventional Survey</u> USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ Distance _____ Miles Direction _____ Nearest Town _____ of _____
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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.

For Office Use Only:

Aquifer: _____
 Well #: T-67
 Elevation: _____

Part 2
 STATE WELL REPORT
 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)

Copy information from block on Part 1

County: Amite
 Permit #: _____
 Driller: Fitzgerald Wellfords
 Date completed: 9-17-08