County: _Amite._

Permit #: _____

Driller: _Fizgerald Well Service_

Date drilling completed: _12-13-05_

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)

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)	Well or Borehole Location

Owner Name _David Williams_

Mailing Address: _Hwy 584_

_____

Osyka   ms
City   State   Zip Code

Telephone No. (____) _____

Latitude: ____°____'____" Longitude: ____°____'____"

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

____ ¼ ____ ¼ Sec _29_ Twn _1N_ Rng _6E_

Distance _S_ Miles Direction _west_ of Nearest Town _Osyka_

Well / Borehole Data

Date drilling started: _12-13-05_ Date drilling completed: _12-13-05_ Hole depth: _130_ 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: _55_ feet above or below (circle one) land surface   Date measured: _12-13-05_

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

Well depth: _130_ Well grouted to a depth of _10_ feet   Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: _120_ 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 _120_ feet to _130_ 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*
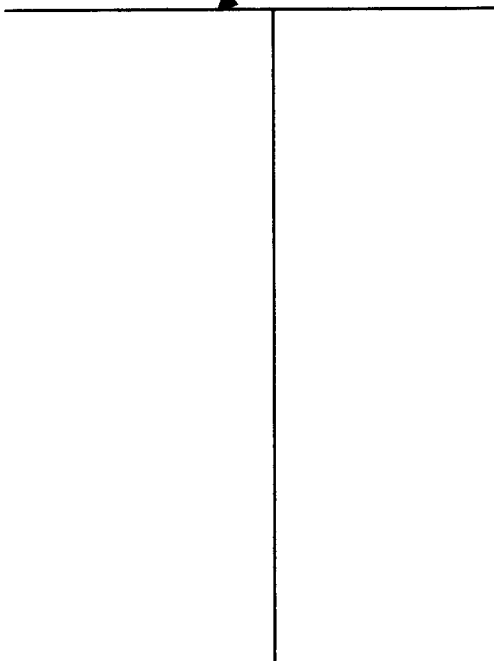
Form: OLWR-SWR-1A

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
Sand,	20	40
Gravel	40	70
Clay	70	90
Five Sand	90	120
Coarse Sand,	120	130

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.

← Well.
← House.

E

Hwy 584.

W,
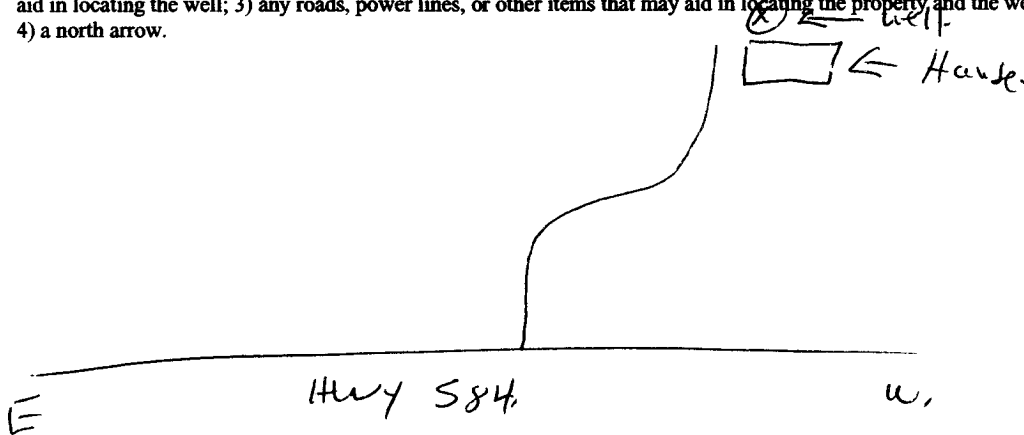
Landowner Name: David Williams

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.

Brad Fitzgerald   029   12-13-05   Brad Stipe

Print Name of Responsible Licensee and License No.   **Date**   **Signature of Licensee**

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: _Amte_

Permit #: _____

Driller: _Fitzgerald wellServ_

Date completed: _12-13-05_

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.

Well Owner Information

Owner Name: _David Williams_

Mailing Address: _Hwy 584_

_____

Osyka   _ms._
City   State   Zip Code

Telephone No. (____) _____

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (check one): Conventional Survey____,

USGS quad____, Hand-held GPS___, Survey-grade GPS___

____ ¼ ____ ¼ Sec _29_ T _1N_ R _6E_

Distance   Direction   Nearest Town

_5_ Miles _west_ of _Osyka_

Pump Type
Circle one

Air Lift	Jet	(Submersible)
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): _____

Date Pump Installed: _12-13-05._

Rated Pump Capacity: _12_ Gallons Per Minute

Power Type
Circle one

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

Horse Power Rating of Motor: _1/2_

Setting Depth: _85'_ 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 after _____ hours of pumping

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

Brad Fitzgerald   _02a._
Print Name of Pump Installer and License No. (if applicable)

Brad Styel
Signature of Pump Installer

Form: OLWR-SWR-1B