

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)

County: Franklin
Permit #: _____
Driller: Fitzgerald Well Serv.
Date drilling completed: 6-15-07

For Office Use Only:
Aquifer: _____
Well #: P-94
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) | Well or Borehole Location |
|--|---|
| Owner Name: <u>Maggie Russell</u> | Latitude: <u>31 22 18.7</u> Longitude: <u>90 44 10</u> |
| Mailing Address: <u>2218 Jimland Rd</u> | Method of Lat/Long (circle one): <u>19</u> Conventional Survey, <u>10</u> |
| <u>Southdale ms.</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>30</u> Twn <u>5N</u> Rng <u>5E</u> |
| Telephone No. () | Distance Direction Nearest Town |
| | Miles of |

Well / Borehole Data

Date drilling started: 6-15-07 Date drilling completed: 6-15-07 Hole depth: 149' Hole diameter: 7"

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: 120' feet above or below (circle one) land surface Date measured: 6-15-07

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

Well depth: 149' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 139' 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 139' feet to 149' 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

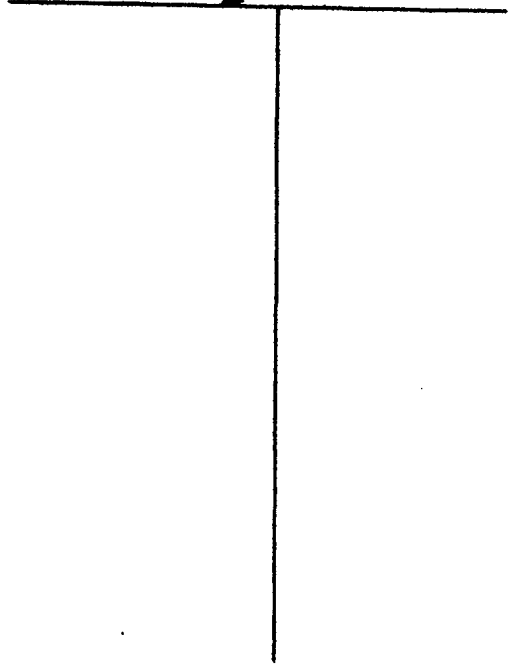
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P-94

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 | 40 |
| Sandy Clay | 40 | 80 |
| Clay | 80 | 110 |
| Sand | 110 | 130 |
| Coarse Sand | 130 | 148 |
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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: Maggie Russell

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. Bud Fitzgerald 0291 Date 6-15-07 Signature of Licensee Bud 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)

County: Franklin
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date completed: 6-15-07
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P-94
 Elevation: _____

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 | Well Location |
|---|---|
| Owner Name: <u>Maggie Russell</u> | Latitude: <u>31° 22' 18.7"</u> Longitude: <u>90° 44' 10"</u> |
| Mailing Address: <u>2218 Jim Laird Rd</u> | Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey |
| <u>Smithdale MS</u> | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| City State Zip Code | <u>1/4</u> <u>1/4</u> Sec <u>30</u> T <u>5N</u> R <u>5E</u> |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ |
| | _____ Miles _____ of _____ |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>6-15-07</u> | Setting Depth: <u>145'</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>12</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: _____ | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u> |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

David Fitzgerald esq. Buel Stephens
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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