

County: Franklin
 Permit #: _____
 Driller: Fitzgerald Well Serv.
 Date drilling completed: 12-22-08

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 #: P-105
 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>Cloy Bridges</u>	Latitude: <u>31° 22' 55.8"</u> Longitude: <u>90° 44' 18.1"</u>
Mailing Address: <u>Allen Rd.</u>	Method of Lat/Long (circle one): <u>56</u> Conventional Survey, <u>18</u>
<u>Smithdale MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 19 Twn 5N Rng 5E</u>
Telephone No. () _____	Distance Direction Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 12-22-08 Date drilling completed: 12-22-08 Hole depth: 140' 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: 101' feet above or below (circle one) land surface Date measured: 12-22-08

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

Well depth: 140' 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: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 120' feet to 140' 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

Pump set by The Warehouse.

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 BY: OLWR

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 #: P-105

Elevation: _____

County: Franklin Co

Permit #: _____

Driller: Edgell Well Services

Date completed: 12-22-06

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: Clay Brundage

Mailing Address: 1378 Alben Rd

Smithville
City State Zip Code

Telephone No. () _____

Well Location

Latitude: 31°-22'-55.8" Longitude: 92°-44'-18.1"

Method of Lat/Long (circle one): Conventional Survey.

USGS quad, Hand-held GPS, Survey-grade GPS

1/4 1/4 Sec Twn Rng

Distance Direction Nearest Town

Miles of

Pump Type Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 2-4-09

Rated Pump Capacity: 10 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

Setting Depth: 130 feet

Number of Stages: 10

Pump Test Data

Date Well Tested: 2-4-09

Static Water Level (A): 101 Feet Below Land Surface

Pumping Water Level (B): 115 Feet Below Land Surface

Drawdown [(B) - (A)]: 14 Feet Below Land Surface

Test Pumping Rate: 10 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.

Amos Parker 0305
Print Name of Pump Installer and License No. (if applicable)

Amos Parker
Signature of Pump Installer

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FEB 05 2009

BY: OLWR