

County: Licoim
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 9-28-09

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: A 25
 Well #: _____
 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: Justin Warren
 Mailing Address: Alred
Casaville ms.
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: 31° 41' 44.3" Longitude: 88° 37' 45.9"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 NW 1/4 Sec 5 Twn 8N Rng 6E
 Distance Direction Nearest Town
 _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 9-28-09, Date drilling completed: 9-28-09, 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: 75 feet above or below (circle one) land surface Date measured: 9-28-09
 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: .010 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

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The sketch below only required for water wells.

If well screens show depths on sketch

Ground Level _____

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

A 25

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
gravel	20	60
clay	60	110
sand	110	120
course 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.

Landowner Name: Justin Warren

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.

Brod Fitzgerald 029 9-28-09 Brod Fitzgerald
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 #: A-25
Elevation: _____

County: Lincoln
Permit #: _____
Driller: Fitzgerald Well Serv.
Date completed: 9-28-09
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: Justin Warren
Mailing Address: Alred Rd.
Caryville MS
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 31° 41' 44.3" Longitude: 90° 37' 45.9"
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
_____ ¼ _____ ¼ Sec _____ T _____ R _____
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: 9-28-09
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: 105' 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 029.
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

Form: OLWR 10-1-08 RECEIVED

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