

#2

County: Litwin
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 4-3-06

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 #: B-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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Mike Warren</u>	Latitude: <u>31° 41' 45"</u> Longitude: <u>90° 36' 54"</u>
Mailing Address: <u>Alred Dr.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Caseville MS.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 4 Twn 8N Rng 6E</u>
Telephone No. (____)	Distance Direction Nearest Town <u>3 Miles NE of Caseville</u>

Well / Borehole Data

Date drilling started: 4-3-06 Date drilling completed: 4-3-06 Hole depth: 90' 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: Poultry House

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 22' feet above or below (circle one) land surface Date measured: 4-3-06

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

Well depth: 90' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70' feet Casing diameter: 4" inches Type of casing: Pvc

Screen length: 20 feet Screen diameter: 4" inches Type of screen: Pvc

Screen slot size: 010/012 inches Setting depth: From 70' feet to 90' 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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B-67

The sketch below only required for water wells

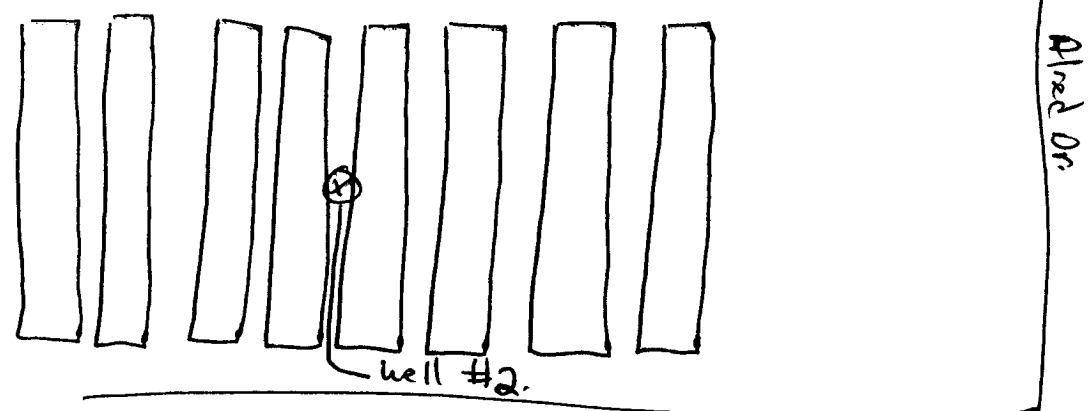
If well telescopes, show depths on sketch
Ground Level \rightarrow

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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
clay	0	20
Sand & gravel	20	40
clay	40	60
course Sand & gravel	60	90

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: Mike 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.

Brian Fitzgerald 029 4-3-06
Print Name of Responsible Licensee and License No. Date

Brian Fitzgerald
Signature of Licensee

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#2.

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: Litton
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date completed: 4-3-06
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: B-67
 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
 Owner Name: Mike Warren
 Mailing Address: Alred Dr.
Cassville 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 _____
 _____ 1/4 _____ 1/4 Sec 4 T 8N R 6E
 Distance Direction Nearest Town
3 Miles NE of Cassville

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 4-3-06
 Rated Pump Capacity: 35 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: 3
 Setting Depth: 60 feet
 Number of Stages: ?

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 of Pump Installer

Form: OLWR 04/15
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