

State Well Report

Part I - 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 #: G-512
L. S. Elevation:
E-log #:

Lincoln
Permit #:
Driller: Fitzgerald Well Serv
Date drilling completed: 9-7-07

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) and Well or Borehole Location. Includes fields for Owner Name (Lincoln County Livestock), Mailing Address (Hwy 51, Brookhaven MS), and Well Location (Latitude, Longitude, Method of Lat/Long, USGS quad, Distance, Direction, Nearest Town).

Well / Borehole Data. Includes Date drilling started (9-7-07), Date drilling completed (9-7-07), Hole depth (74'), Hole diameter (7"), Location of the source of any surface water used for drilling, Method of dosing and volume of Chlorine used, Logs run (No log run), Name of organization running log(s), Purpose of borehole (Water Well checked), and Seismic Survey.

Purpose of Well (Home checked), If a flowing well, method of flow regulation, Static Water Level (22' feet above or below land surface), Method of Measurement (steel tape), Well depth (74'), Well grouted to a depth of 10' feet, Type of grout (Neat Cement), Casing length (64' 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 64' feet to 74' feet), Type of completion (Gravel packed), and Top of lap pipe or reduction in casing.

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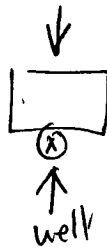
G-512

clay	0	20
Sand.	20	40
clay	40	50
Sand.	50	60
(Coarse Sand)	60	74

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.

Livestock Barn



Hwy 51

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Landowner Name: Lincoln County Livestock Barn

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 9-7-07      Brad Fitzgerald  
 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: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Serv  
 Date completed: 9-7-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G-512  
 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>Lincoln County Livestock Barn</u>	Latitude: _____ Longitude: _____
Mailing Address: <u> Hwy 51</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Brookhaven MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City                      State                      Zip Code	_____ 1/4 _____ 1/4 Sec <u>12</u> T <u>7N</u> R <u>7E</u>
Telephone No. (____) _____	Distance                      Direction                      Nearest Town
	_____ Miles                      of <u>Brookhaven</u>
	<u>in town.</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9-7-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line                      Electric Measuring Line <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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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