

County: Lincoln
 Permit #: _____
 Driller: Fitzgerald Well Serv.
 Date drilling completed: 11-9-12

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: N37
 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: Harry Boyd
 Mailing Address: Pleasant Grove Rd
Brookhaven ms
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location

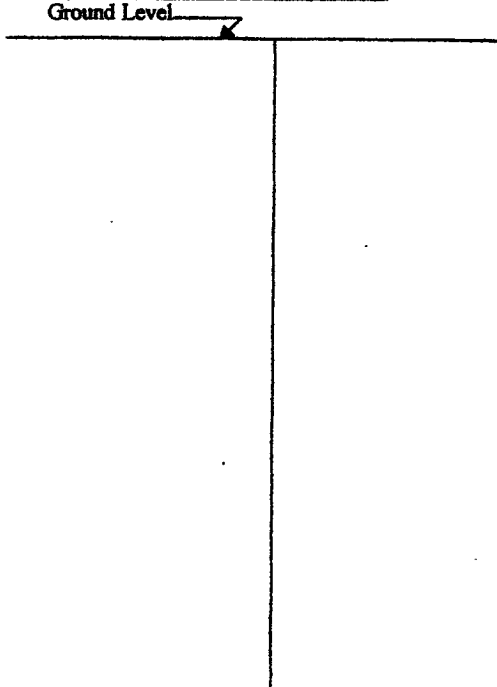
Latitude: 31° 26' 34.6" Longitude: 90° 16' 55"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SE 1/4 Sec 34 Twn 6N Rng 9E
 Distance Direction Nearest Town
 _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 11-9-12 Date drilling completed: 11-9-12 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: Poultry House
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 73' feet above or below (circle one) land surface Date measured: 11-9-12
 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: 010/012 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*

The sketch below only required for water wells.

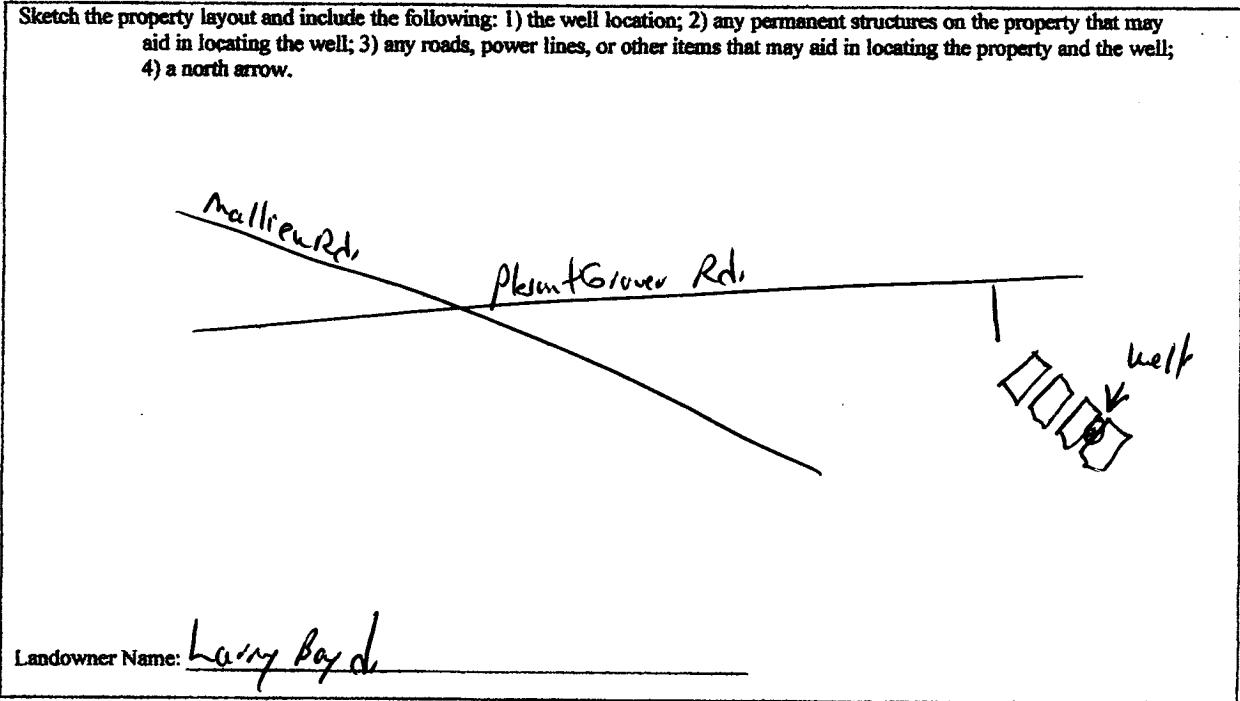
If well telescopes, show depths on sketch.



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	20
Sand	20	60
Gravel	60	80
Clay	80	100
Sand	100	120
Curve Sand	120	140

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A (04/08)

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.

B. A. Fitzgerald 029 11-9-12
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee

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 DEC 11 2012
 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Lincoln
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date completed: 11-9-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N37
 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>Larry Boyd</u> Mailing Address: <u>Present Grove Rd.</u> <u>Brookhaven MS</u> City State Zip Code Telephone No. () _____	Latitude: <u>31° 26' 34.6"</u> Longitude: <u>90° 16' 55"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>NW ¼ SE ¼ Sec 34 T 6N R 9E</u> Distance _____ Miles _____ of _____ Direction _____ Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>11-9-12</u> Rated Pump Capacity: <u>33</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>3</u> Setting Depth: <u>110'</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
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	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Brad Fitzgerald 079 Brad Fitzgerald
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer