County: Lincoln

Permit #:

Driller: Fitzgerald

Date drilling completed: 6-20-05

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-73

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: Mathew Wallace

Mailing Address: Emmit Lane

Bogue Chitto MS
City State Zip Code

Telephone No. (_____)

Well or Borehole Location

Latitude: 31 ° 23 ' 58 " Longitude: 90 ° 32 ' 36 "

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

NE ¼ SW ¼ Sec 18 Twp 5N Rng 7E

Distance 5 Miles Direction West of Nearest Town Bogue Chitto

Well / Borehole Data

Date drilling started: 6-20-05 Date drilling completed: 6-20-05 Hole depth: 110' 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: 65' feet above or below (circle one) land surface Date measured: 6-20-05

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

Well depth: 110' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 100' 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 100' feet to 110' 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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BY: OLWR

P-73

The sketch below only required for water wells

If well telescopes, show depths on sketch.

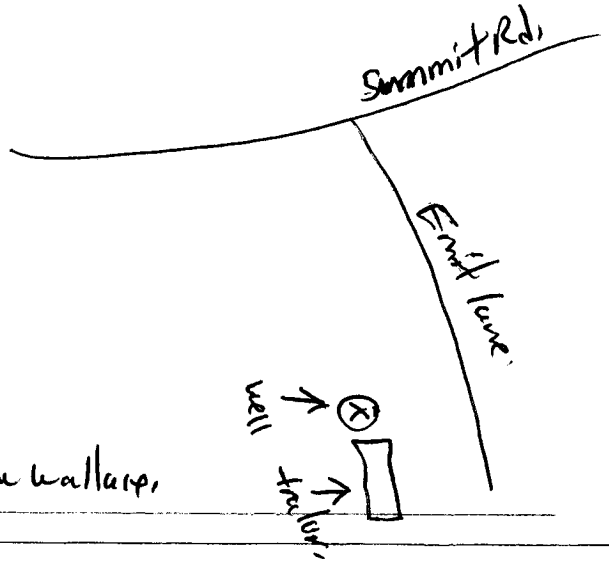
Ground Level

If more than one screen, show location of each 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) Ground Level	To (depth)
Clay.	0	20
Sandy loam.	20	60
Sand + gravel.	60	80
clay	80	90
Fine Sand	90	100
Course Sand	100	110

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: Nathan Wallace

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 09. 6-20-05 Brad Fitzgerald

Print Name of Responsible Licensee and License No. **Date** **Signature of Licensee**

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STATE WELL REPORT

County: Lincoln

Permit #:

Driller: Fitzgerald Well Service

Date completed: 6-20-05

Copy information from block on Part 1

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-73

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: Mathew Wallace

Mailing Address: Emit Lane.

Brookhaven 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___

____ ¼ ____ ¼ Sec 18 T 5N R 7E

Distance Direction Nearest Town

5 Miles West of Bogchito,

Pump Type
Circle one

Air Lift	Jet	(Submersible)
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify):

Date Pump Installed: 6-20-05

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: ½

Setting Depth: 95' 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 024. Brad Fitzgerald

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

Form: OLWR-SWR-1B

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JUL 07 2005
BY: OLWR