

Part 2 never received 4/13

State Well Report

Part 1

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)

825

For Office Use Only:

Aquifer: _____

Well #: Q-59

L. S. Elevation: _____

E-log #: _____

County: Lincoln 685

Permit #: _____

Driller: Fitzgerald Well Service

Date drilling completed: 1-6-05

Fitzgerald Well Service, Inc

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|--------------------------------------|--|
| Owner Name: <u>Mitchell Hall</u> | Latitude: <u>31° 26' 06"</u> Longitude: <u>90° 24' 20"</u> |
| Mailing Address: <u>Boychito Rd.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Boychito</u> <u>MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE</u> ¼ <u>NW</u> ¼ Sec <u>3</u> Twn <u>5N</u> Rng <u>8E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>East</u> of <u>Boychito</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Poultry House

Date well drilling started: 1-6-05 Date well drilling completed: 1-6-05

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

Static Water Level: 31' feet above or below (circle one) land surface Date measured: 1-6-05

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

Hole depth: 80' Well depth: 80' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 0 1/4 inches Setting depth: From 60' feet to 80' 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Brad Fitzgerald 029.
Print Name of Water Well Contractor and License No.

Real Stuyck
Signature of Water Well Contractor

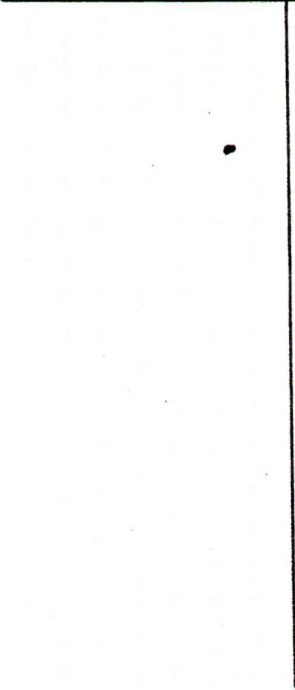
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BY: OLWR

If well telescopes please sketch below and show depths.

85

Ground Level

Q-59



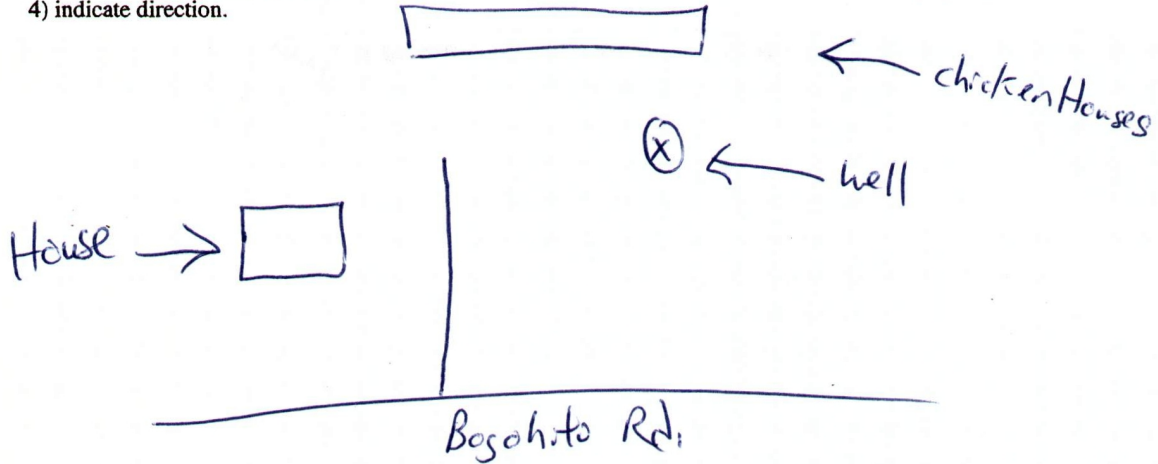
Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| clay | 0 | 20 |
| sand | 20 | 50 |
| gravel | 50 | 70 |
| (coarse sand) | 70 | 80 |
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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) indicate direction.



Landowner Name: Mitchell Hall

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Bead Stypals
Signature of Water Well Contractor

No Pump Set