

State Well Report

Part I

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 #: Q-60
 L. S. Elevation: _____
 E-log #: _____

County: Leflore 065
 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' 07"</u> Longitude: <u>90° 24' 17"</u>
Mailing Address: <u>Bozacht Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Bozacht</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4</u> 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>Bozacht</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 1/12 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.

Siad Fitzgerald 029
 Print Name of Water Well Contractor and License No. Real Estate
 Signature of Water Well Contractor

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Winn
 Permit #: _____
 Driller: Fitzgibbon Well Serv
 Date completed: 1-6-05

For Office Use Only:

Aquifer: _____
 Well #: Q-60
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Mitchell Hall</u>	Latitude: <u>31° 16' 09.611" N</u> Longitude: <u>090° 28' 189" W</u>
Mailing Address: <u>1312 B.C. Rd. SE.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>BC</u> <u>MS</u> <u>39629</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(601) 734 2380</u>	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>5N</u> Rng <u>8E</u>
	Distance Direction Nearest Town
	<u>4</u> Miles <u>12</u> of <u>Bogue Chitto</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>3 H.P.</u>
Date Pump Installed: <u>3-9-05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-9-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <i>Prof. Installed</i>
Static Water Level (A): <u>31</u> Feet Below Land Surface	Other (specify): <u>Measured water at stat. 8:30 AM</u>
Pumping Water Level (B): _____ Feet Below Land Surface	<u>4 H. Hrs later No change</u>
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>50</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Amos Parker 0305 Amos Parker
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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