

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 6-27-08

**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 #: Q-68  
 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)	Well or Borehole Location
Owner Name: <u>Kerth Alred</u>	Latitude: <u>31° 25' 43"</u> Longitude: <u>90° 21' 13.6"</u>
Mailing Address: <u>Hwy 583</u>	Method of Lat/Long (circle one): Conventional Survey, <u>13</u>
<u>Ruth</u> <u>ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>Nw 1/4 Sec 1 Twn 5N Rng 8E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town Miles of _____

**Well / Borehole Data**

Date drilling started: 6-27-08 Date drilling completed: 6-27-08 Hole depth: 100' 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: 45' feet above or below (circle one) land surface Date measured: 6-27-08

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

Well depth: 100' Well grouted to a depth of 70' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80' 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 1/8 / 0 1/2 inches Setting depth: From 80' feet to 100' 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

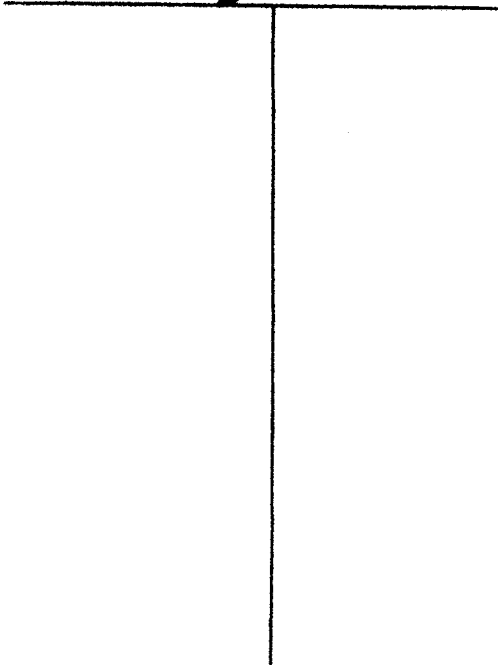
Pump set by The Warehouse in Summit

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The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level  $\overline{\text{---}}$

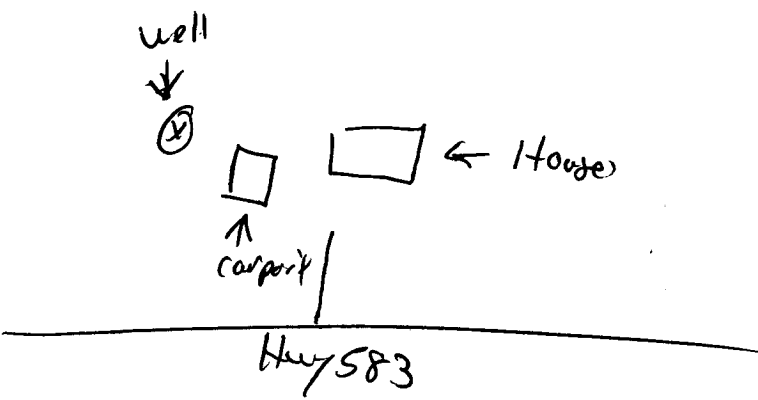


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay-	0	20
Sand-	20	40
Gravel-	40	80
Coarse Sand	80	100

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.



Landowner Name: Keith Alred.

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      0241      6-27-08  
 Print Name of Responsible Licensee and License No.      Date

Brad Fitzgerald  
 Signature of Licensee

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# 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)

For Office Use Only:

Aquifer \_\_\_\_\_

Well #: Q68

Elevation: \_\_\_\_\_

County: Leflore  
Permit #: \_\_\_\_\_  
Name: Fitzgerald Well  
Date completed: 6-27-08

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

Owner Name: Keith Alfred  
Mailing Address: Highway 587  
Roth MS.  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Well Location

Latitude: 31° 25' 43.1" Longitude: 90° 21' 13.6"  
Method of Lat/Long (circle one): 43 Conventional Survey  
USGS quad, Hand-held GPS, Survey-grade GPS  
\_\_\_\_ 1/4 \_\_\_\_ 1/4 Sec \_\_\_\_ Twp \_\_\_\_ Rng \_\_\_\_  
Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_

### Pump Type Circle one

Jet  Submersible  
Piston  Turbine   
Centrifugal  Rotary  Flowing Well   
Date pump installed: 7-3-08  
Pump Capacity: 20 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: 1 1/2 HP  
Setting Depth: 100 feet  
Number of Stages: 15

### Pump Test Data

Date Well Tested: 7-2-08  
Static Water Level (A): 45 Feet Below Land Surface  
Pumping Water Level (B): 55 Feet Below Land Surface  
Drawdown (B - A): 10 Feet Below Land Surface  
Pump Rate: 20 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.

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

Signature of Pump Installer

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