

County: Licola  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald well serv  
 Date drilling completed: 7-26-10.

### 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: R 58  
 Well #: \_\_\_\_\_  
 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.*

<p align="center"><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Hien Nguyen</u>        Mailing Address: <u>Danghill rd.</u>  <u>Bozochito Ms.</u>        City State Zip Code        Telephone No. (____) _____</p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 25' 39.8"</u> Longitude: <u>90° 18' 2"</u>        Method of Lat/Long (circle one): Conventional Survey,        USGS quad, Hand-held GPS, Survey-grade GPS  <u>NW 1/4 SE</u> 1/4 Sec <u>4</u> Twn <u>5 N</u> Rng <u>9 E</u>        Distance _____ Miles Direction _____ of Nearest Town _____</p>
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**Well / Borehole Data**

Date drilling started: 7-26-10 Date drilling completed: 7-26-10 Hole depth: 315' 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: 84' feet above or below (circle one) land surface Date measured: 7-26-10  
 Method of Measurement (circle one)  steel tape  electric tape  air line other: \_\_\_\_\_  
 Well depth: 315' Well grouted to a depth of 10' feet Type of grout (circle one):  Neat Cement  Bentonite  Mix  
 Casing length: 295' feet Casing diameter: 4" inches Type of casing: Pvc  
 Screen length: 20' feet Screen diameter: 4" inches Type of screen: Pvc  
 Screen slot size: 0.012 inches Setting depth: From 295' feet to 315' 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 (04/08)

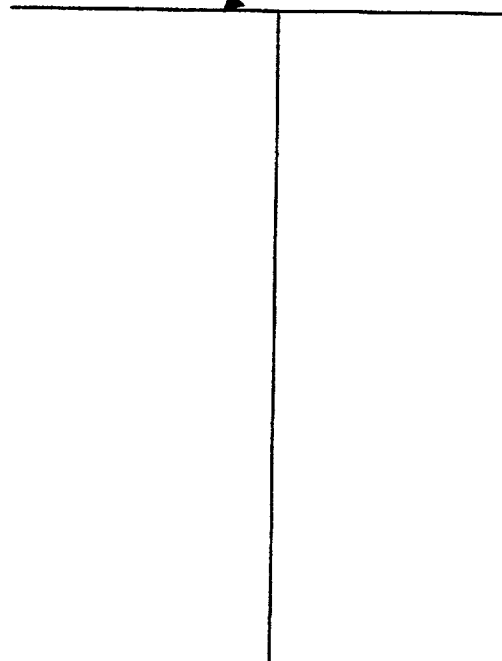
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The sketch below only required for water wells

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

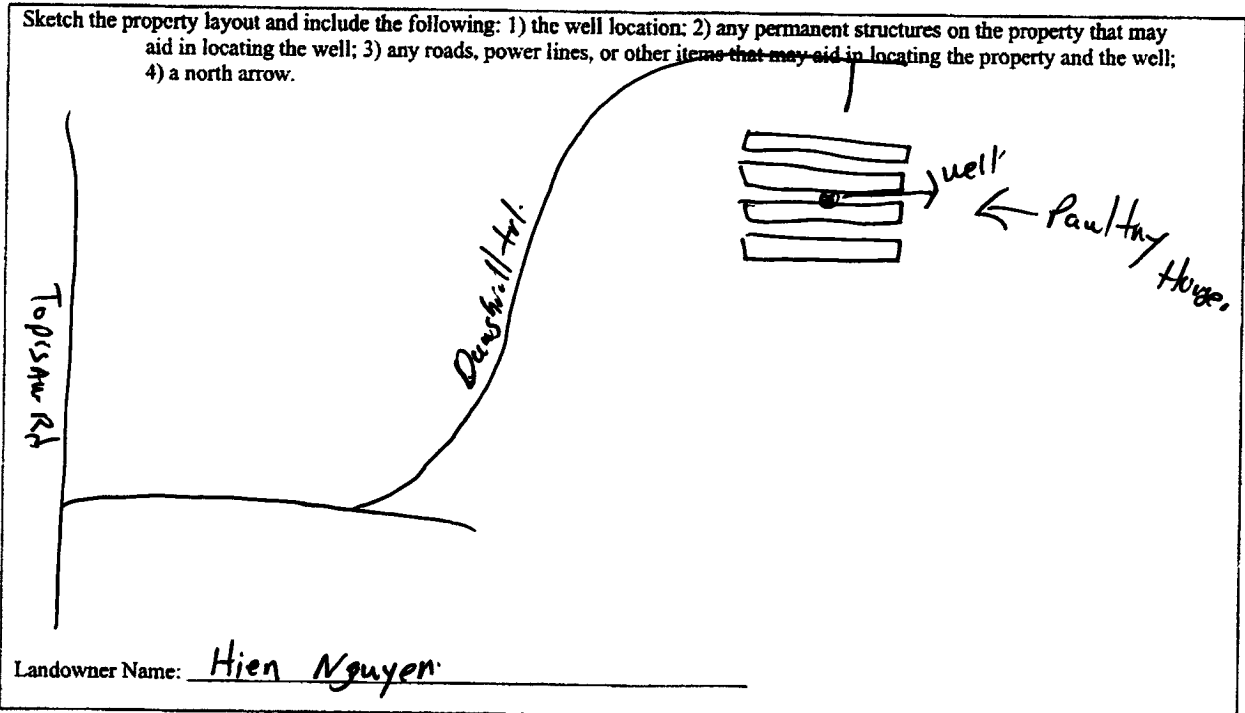
If well telescopes, show depths on sketch.

Ground Level →



Description of Formations Encountered	From (depth) Ground Level	To (depth)
Clay	0	20
silt/clay	20	60
Sand	60	90
Clay	90	240
Fine Sand	240	280
Coarse Sand	280	315

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



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      029      7-26-10      Brad Fitzgerald  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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Pump set by The Warehouse. Amos Parker.

# 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: Lucas  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date completed: 7-14-10  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: R 58  
 Well #: \_\_\_\_\_  
 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>Hien Nguyen</u>	Latitude: <u>31° 25' 39.1"</u> Longitude: <u>90° 18' 2"</u>
Mailing Address: <u>Daughill Tr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bozochka MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 4 T 5N R 9E</u>
Telephone No. (_____) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>8-3-10</u>	Setting Depth: <u>135</u> feet
Rated Pump Capacity: <u>65</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-3-10</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>84</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>96</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>62</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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

[Signature]  
 Signature of Pump Installer

Form: OLWR-SW-10  
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