

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)

County: Licola
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 10-18-10

For Office Use Only:
Aquifer: R 60
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Thugyn Nguyen</u>	Latitude: <u>31° 25' 46.6"</u> Longitude: <u>90° 18' 1.9"</u>
Mailing Address: <u>Daughdill Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Bogochito ms.</u>	<u>NW 1/4 SE 1/4 Sec 4</u> Twn <u>5N</u> Rng <u>9E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	Miles of

Well / Borehole Data

Date drilling started: 10-18-10 Date drilling completed: 10-18-10 Hole depth: 300' 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: 90' feet above or below (circle one) land surface Date measured: _____

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

Well depth: 300' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 280' feet Casing diameter: 4" inches Type of casing: Pvc

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

Screen slot size: 010/012 inches Setting depth: From 280' feet to 300' 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*

Pump set by the warehouse Armos Parker

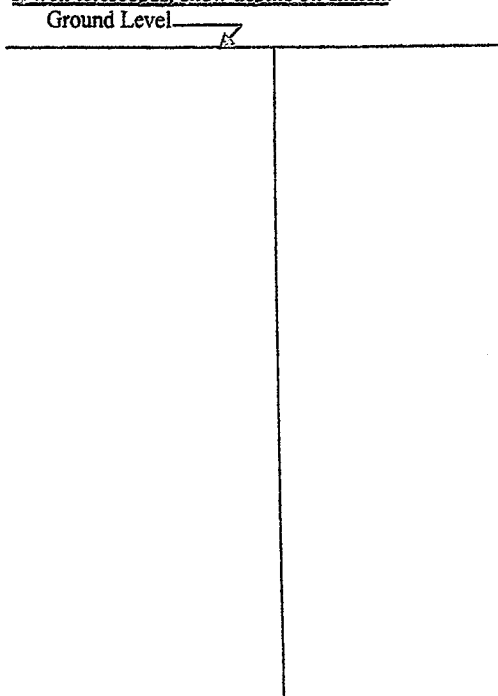
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

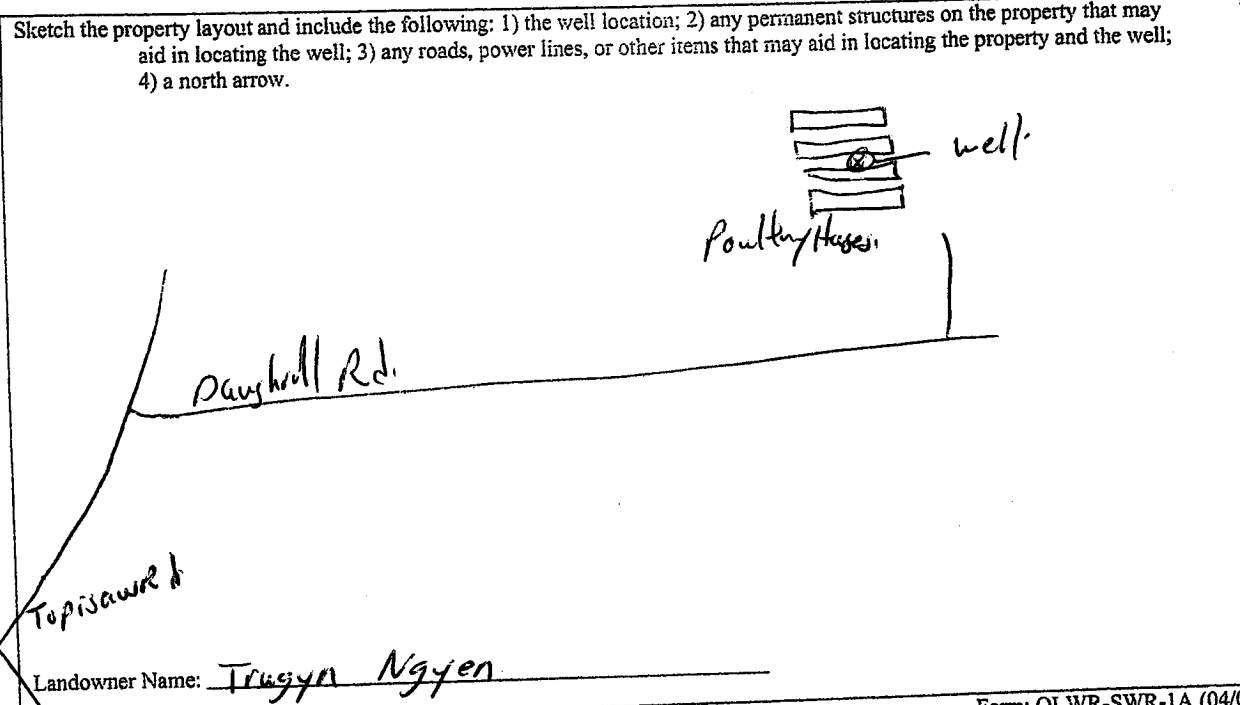
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
clay	20	40
Sand	40	80
Gravel	80	110
clay	110	240
Sand	240	280
curved sand	280	300

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



Form: OLWR-SWR-1A (04/08)

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 10-18-10 Brad Fitzgerald

Print Name of Responsible Licensee and License No. Date 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: R60
 Well #: _____
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: Fitzgerald Well Serv.
 Date completed: 10-18-10

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>Truyen Nguyen</u> Mailing Address: <u>Daughdrill Road</u> <u>Providence, Mo.</u> City State Zip Code Telephone No. (): _____	Latitude: <u>31° 25' 46.6"</u> Longitude: <u>90° 18' 19"</u> <small>A-7 02</small> Method of Lat/Long (circle one): Conventional Survey USGS quad. <u>Hand-held GPS</u> Survey-grade GPS <u>NW 1/4 Sec 4 Twn 3N Rng 9E</u> Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>11-29-10</u> Rated Pump Capacity: <u>50</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor (PTO) Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>150</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-29-10</u> Static Water Level (A): <u>90</u> Feet Below Land Surface Pumping Water Level (B): <u>125</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface Test Pumping Rate: <u>50</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line <u>Steel Tap</u> 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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