

County: Pike
 Permit #: _____
 Driller: Fitzgerald well Seals
 Date drilling completed: 7-17-07

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 #: A-230
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the licensee 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>Brent Causey</u>	Latitude: <u>31° 18' 52.7" N</u> Longitude: <u>90° 28' 12.7" W</u>
Mailing Address: <u>Causey works lane</u>	Method of Lat/Long (circle one): <u>58</u> Conventional Survey, <u>07</u>
<u>Summit</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 14 Twn 4N Rng 7E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 7-17-07 Date drilling completed: 7-17-07 Hole depth: 130' Hole diameter: 2"

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: 46' feet above or below (circle one) land surface Date measured: 7-17-07

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

Well depth: 130' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 120' feet to 130' 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

Form: OLWR-SWR-1A

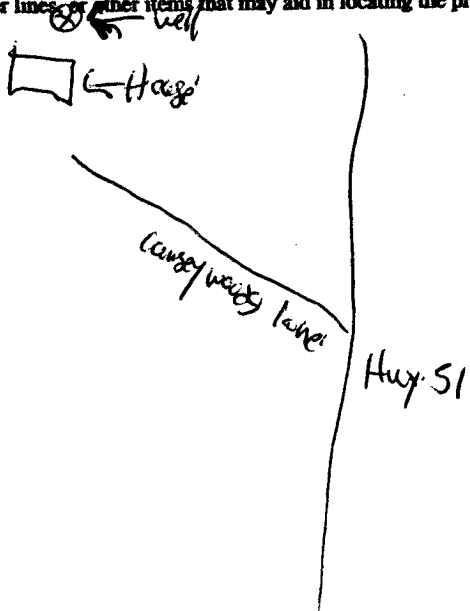
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A-230

clay	0	20
sand	20	40
gravel	60	60
clay	60	110
sand	110	120
course sand	120	130

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: Brent Causse

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.

Brent Fitzgerald 029 7-17-07 [Signature] [Signature]
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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)

For Office Use Only:

Aquifer _____

Well #: A-230

Elevation: _____

County Perko
 Permit # _____
 Installer Fitzgerald Well Co.
 Date Completed 7-17-07

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>Perk Carr</u>	Latitude <u>31.18.57.7</u> Longitude <u>90.28.12</u>
Mailing Address <u>Carr Lane</u>	Method of Lat/Long (circle one): Conventional Survey _____ USGS quad. Hand-held GPS. Survey-grade GPS _____
<u>Summit Ms 39664</u> City State Zip Code	____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____
Telephone No. _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Jet <input type="checkbox"/> <u>Submersible</u> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>5</u> _____ Setting Depth: <u>80</u> feet Number of Stages: <u>8</u>
Date Pump Installed: <u>7-17-07</u>	
Rated Pump Capacity: <u>10</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested <u>7-17-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>46</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>48</u> Feet Below Land Surface	For flowing well, measured shut in head _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</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.

Amos Parker 0-305
 Print Name of Pump Installer and License No. (if applicable)

Amos Parker
 Signature of Pump Installer

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