

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well Serv.
 Date drilling completed: 2-7-08

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 #: DA-233
 L. S. Elevation: _____
 E-log #: _____

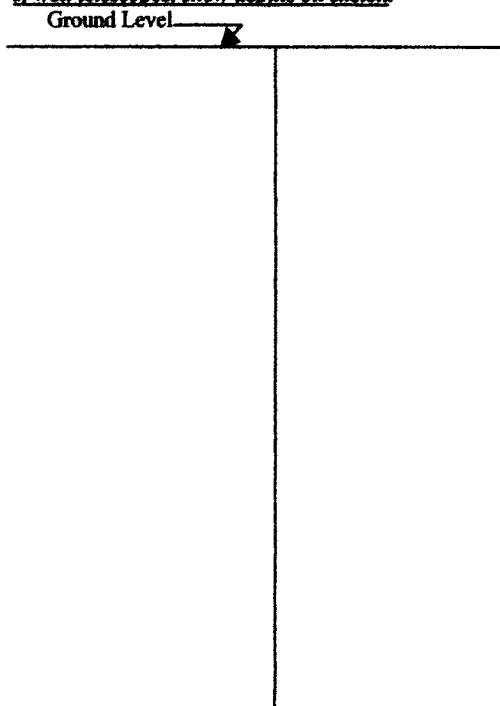
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Jim Durando</u>	Latitude: <u>31° 15' 48.9"</u> Longitude: <u>90° 32' 37.8"</u>
Mailing Address: <u>Moak Rd.</u>	Method of Lat/Long (circle one): <u>49</u> Conventional Survey, <u>38</u>
<u>Summit MS</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>31</u> <u>42</u> <u>7E</u> 1/4 Sec Twn Rng
Telephone No. () _____	Distance Direction Nearest Town Miles of
Well / Borehole Data	
Date drilling started: <u>2-7-08</u> Date drilling completed: <u>2-7-08</u> Hole depth: <u>93'</u> Hole diameter: <u>7"</u>	
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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>60'</u> feet above or below (circle one) land surface Date measured: <u>2-7-08</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>93'</u> Well grouted to a depth of <u>10'</u> feet Type of grout (circle one): <u>Keat Cement</u> Bentonite Mix	
Casing length: <u>83'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>Pvc</u>	
Screen length: <u>10'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>Pvc</u>	
Screen slot size: <u>.012</u> inches Setting depth: From <u>83'</u> feet to <u>93'</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

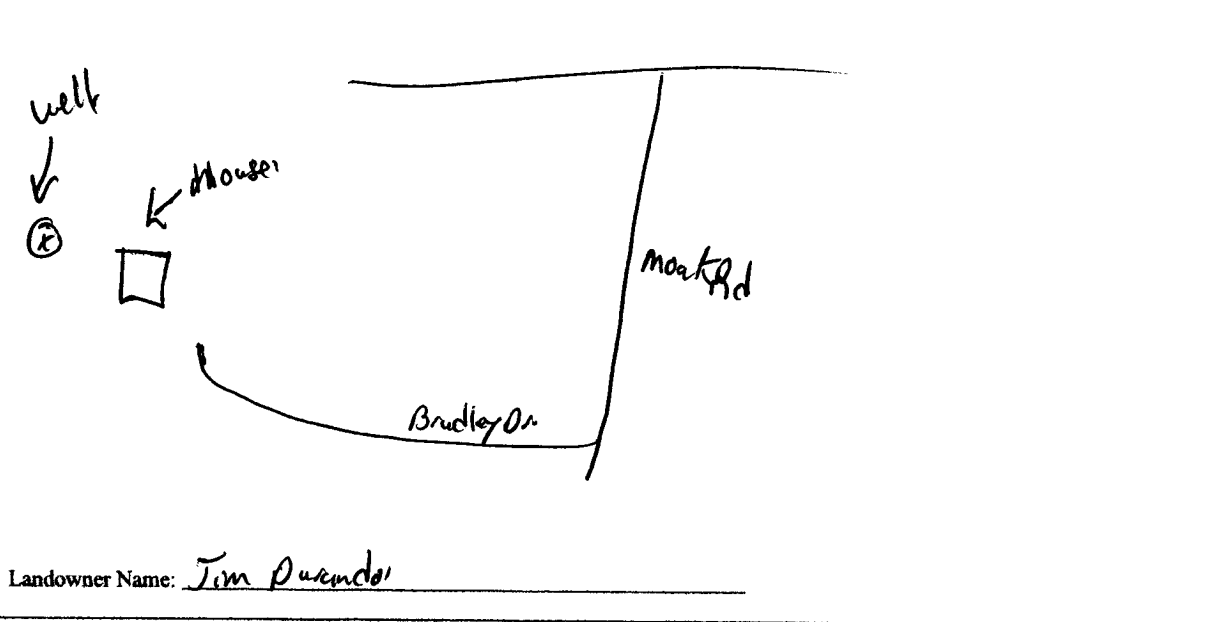
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
clay	0	20
clay	20	40
sand	40	60
crust	60	80
curst sand	80	93

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.



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.

Print Name of Responsible Licensee and License No. Brad Fitzgerald 024. Date 2-7-08. Signature of Licensee [Signature]

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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)

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well Serv.
 Date completed: 2-7-08
Copy information from Neck on Part 1

For Office Use Only:

Aquifer: _____
 Well #: OA-233
 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>Jim Durando</u>	Latitude: <u>31° 15' 48.4"</u> Longitude: <u>90° 32' 37.8"</u>
Mailing Address: <u>Mont Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gumml MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. (____) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

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>1/2</u>
Date Pump Installed: <u>2-7-08</u>	Setting Depth: <u>90'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>8</u>

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

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

Bruce Fitzgerald 024 Bruce Fitzgerald
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer