

County: Lincoln Pike
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 12-5-12

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: _____
 Well #: A98
 L. S. Elevation: A271
 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">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Clayton Roberts</u> Mailing Address: <u>Freeman Rd.</u> <u>Bozoch to MS</u> City _____ State _____ Zip Code _____ Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>31° 20' 51.4"</u> Longitude: <u>90° 31' 9.5"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW</u> ¼ <u>NE</u> ¼ Sec <u>5</u> Twn <u>AN</u> Rng <u>7E</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 12-5-12 Date drilling completed: 12-5-12 Hole depth: 102 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: 75' feet above or below (circle one) land surface Date measured: 12-5-12
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 102 Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 92 feet Casing diameter: 4" inches Type of casing: Pvc
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: Pvc
 Screen slot size: .010 inches Setting depth: From 92 feet to 102 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

If well telescopes, show depths on sketch.

Ground Level →

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	60
Gravel	60	80
Sand	80	90
Coarse Sand	90	102

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: Clayton Roberts

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 Atzari D 024
Print Name of Responsible Licensee and License No.

12-5-12
Date

Red Hyl
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 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: A 271
Elevation: _____

County: Lincoln
Permit #: _____
Driller: Fitzgerald Wellforce
Date completed: 12-5-12
Copy information from block on Part 1

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>Clayton Roberts</u>	Latitude: <u>31° 20' 51.8"</u> Longitude: <u>90° 31' 9.5"</u>
Mailing Address: <u>Freeman Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Bojachtu ms</u> City State Zip Code	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>5</u> T <u>4N</u> R <u>7E</u>
Telephone No. () _____	Distance _____ Miles Direction _____ of _____ Nearest Town _____

Pump Type	Power Type
Air Lift	Diesel Engine
Circle one	Gasoline Engine
Jet	Hand
<u>Submersible</u>	Tractor PTO
Bucket	Windmill
Piston	Other (specify): _____
Turbine	Horse Power Rating of Motor: <u>1/2</u>
Centrifugal	Setting Depth: <u>95</u> feet
Rotary	Flowing Well
Other (specify): _____	Number of Stages: <u>8</u>
Date Pump Installed: <u>12-5-12</u>	
Rated Pump Capacity: <u>12</u> Gallons Per Minute	

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

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Brad Fitzgerald 0291
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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