County: Pike

Permit #:

Driller: Fitzgerald Well Service

Date drilling completed: 10-5-05

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 #: F-113

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)

Owner Name: Ida Smith

Mailing Address: Coward Pine Rd.

Tylertown MS
City State Zip Code

Telephone No. (____)

Well or Borehole Location

Latitude: ____ ° ____ ' ____ " Longitude: ____ ° ____ ' ____ "

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

____ ¼ ____ ¼ Sec 3 Twn 3N Rng 9E

Distance 10 Miles Direction E of Nearest Town McComb

Well / Borehole Data

Date drilling started: 10-5-05 Date drilling completed: 10-5-05 Hole depth: 130' 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: 60' feet above or below (circle one) land surface Date measured: 10-5-05

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: .010 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***

Form: OLWR-SWR-1A

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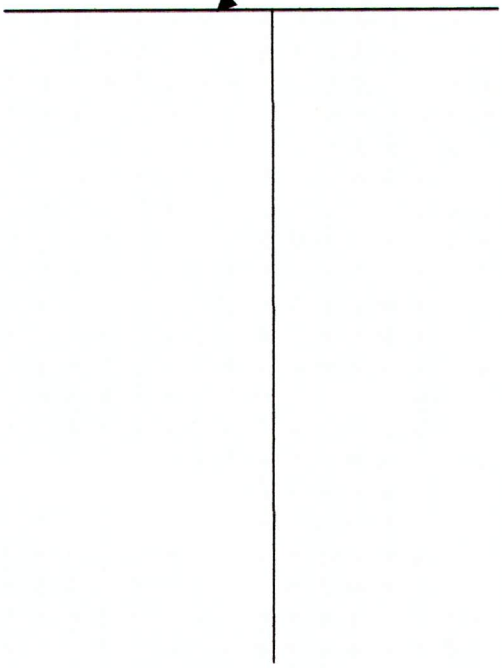
F-113

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



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

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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
clay	0	20
Sand	20	80
clay	80	90
Fine Sand	90	120
Course Sand	120	130

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: Ida Smith

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.

Brad Fitzgerald 029	10-5-05	Brad Stynd
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)

County: Pike
Permit #:
Driller: Fitzgerald well Service
Date completed: 10-5-05.
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: F-113
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

Owner Name: Ida Smith
Mailing Address: Courart Pizer Rd.
Tylertown MS
City State Zip Code
Telephone No. (____)

Well Location

Latitude: Longitude:
Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS___, Survey-grade GPS___
____ ¼ ____ ¼ Sec 3 T 3N R 9E
Distance Direction Nearest Town
10 Miles East of McComb.

Pump Type
Circle one

Air Lift | Jet | (Submersible)
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify):
Date Pump Installed: 10-5-05
Rated Pump Capacity: 12 Gallons Per Minute

Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
(Electric Motor) | Hand | Tractor PTO
Windmill | Other (specify):
Horse Power Rating of Motor: 1/2
Setting Depth: 90' feet
Number of Stages: 8

Pump Test Data

Date Well Tested:
Static Water Level (A): Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) – (A)]: Feet Below Land Surface
Test Pumping Rate: Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Method of Measuring Water Level
Circle one

Air Line | Electric Measuring Line | (Steel Tape)
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.

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

Bud Stydd
Signature of Pump Installer

Form: OLWR-SWR-1B

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OCT 28 2005
BY: OLWR