

K127

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 6-4-07

State Well Report
Part I - 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 #: K-127
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Kuven Glaser</u>	Latitude: <u>31.0396</u> Longitude: <u>90.2787</u>
Mailing Address: <u>1079 State Line Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Osyka</u> MS	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>36</u> Twn <u>12</u> Rng <u>7E</u>
Telephone No. () _____	Distance Direction Nearest Town
	Miles of _____

Well / Borehole Data

Date drilling started: 6-4-07 Date drilling completed: 6-4-07 Hole depth: 105 Hole diameter: 7"

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: 10' feet above or below (circle one) land surface Date measured: 6-4-07

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

Well depth: 105' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 95' 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 95' feet to 105' 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*

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Pump set by Billy Gull.

K-127

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

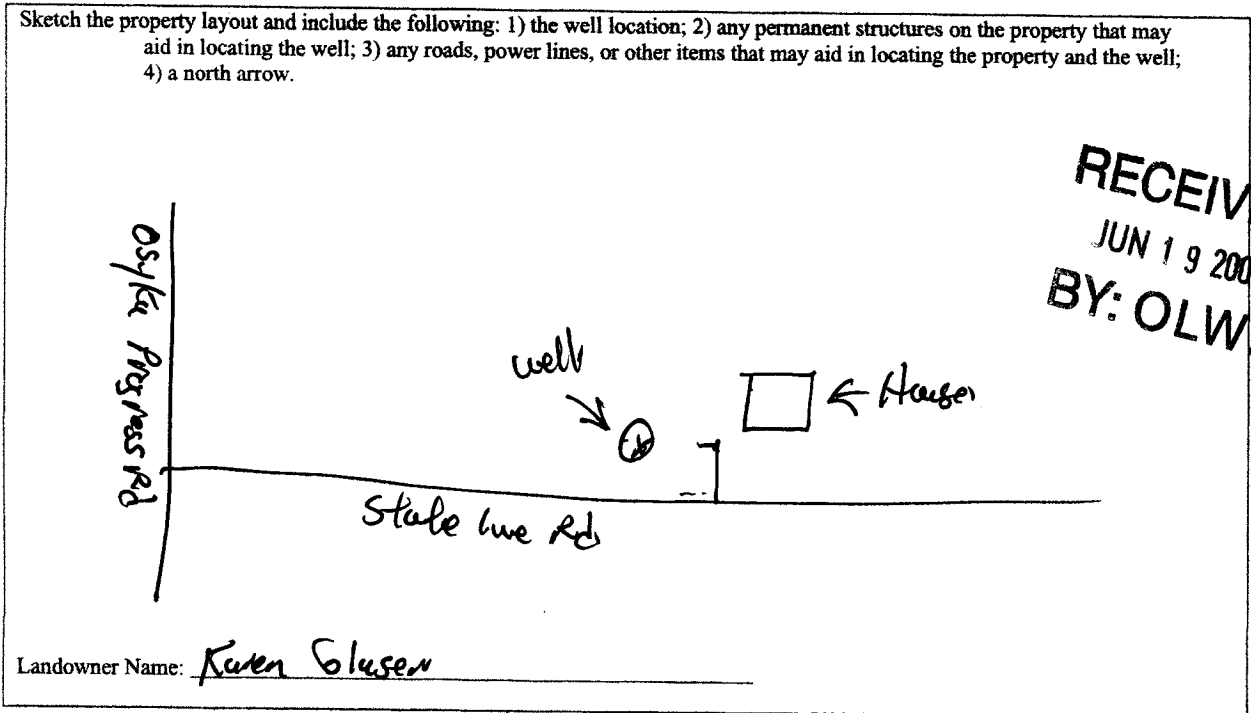
If well telescopes, show depths on sketch.

Ground Level \nearrow

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
Sand	20	50
clay	50	70
Sand	70	90
Coarse Sand	90	105'

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.



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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.

Bruce Fitzgerald 024 6-4-07 Bruce Fitzgerald
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1A

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 #: K-127
 Elevation: _____

County: Pike
 Permit #: _____
 Driller: Fitzgerald
 Date completed: 7-10-07

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>Karen Glasen</u>	Latitude: <u>31.0-396</u> Longitude: <u>90.27.87</u>
Mailing Address: <u>1674 Stateville Rd</u>	Method of Lat/Long (circle one): <u>39</u> Conventional Survey, <u>09</u>
<u>Osyka Miss. 39657</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>36</u> Twn <u>1N</u> Rng <u>7E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1 1/2</u> Miles <u>NE</u> of <u>Osyka</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-8-07</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-9-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>32</u> Feet Below Land Surface	Well yielded <u>22</u> GPM with a drawdown of
Test Pumping Rate: <u>22</u> Gallons Per Minute	<u>22</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

William A. Gillis 0-751P
 Print Name of Pump Installer and License No. (if applicable)

William A. Gillis
 Signature of Pump Installer