

County: Pike
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 10-21-08

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 #: L-192
 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>Charlett Gayle</u>	Latitude: <u>31° 3' 38.1"</u> Longitude: <u>90° 21' 57.7"</u>
Mailing Address: <u>Emerald 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>SW 1/4 SE 1/4 Sec 11 Twn 1N Rng 8E</u>
Telephone No. () _____	Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 10-21-08 Date drilling completed: 10-21-08 Hole depth: 142' 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: 51' feet above or below (circle one) land surface Date measured: 10-21-08

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

Well depth: 142' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 132' 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 132' feet to 142' 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 Billy Gill

Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

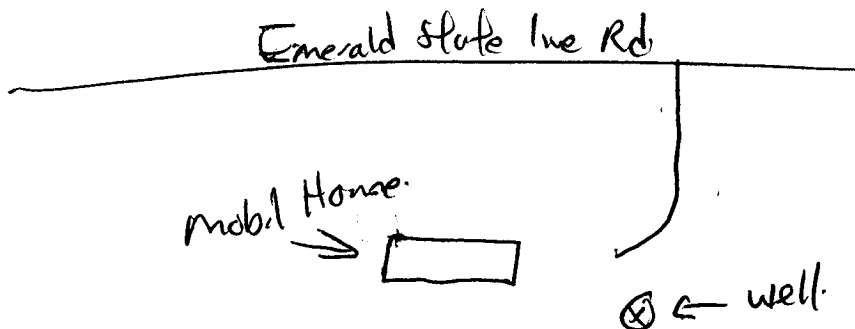
Ground Level \rightarrow

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
Gravel	20	60
Sand	60	80
Clay	80	120
Sand	120	130
Coarse Sand	130	142

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: Charlette Gayle

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 0091 10-21-08 Brad Fitzgerald
 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
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: L-192
 Elevation: _____

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>Charlotte Gayle</u> Mailing Address: <u>Emerald State Line Rd</u> <u>Osgood Miss 39657</u> City State Zip Code Telephone No. () <u>N/A</u>	Latitude: <u>31° 3' 39.1"</u> Longitude: <u>90° 21' 57.7"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng Distance _____ Direction _____ Nearest Town _____ <u>7</u> Miles <u>NE</u> of <u>Osgood Miss</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ Submersible Bucket _____ Piston _____ Turbine _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify): _____ Date Pump Installed: <u>10-25-08</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ Electric Motor _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>75</u> feet Number of Stages: <u>6</u>

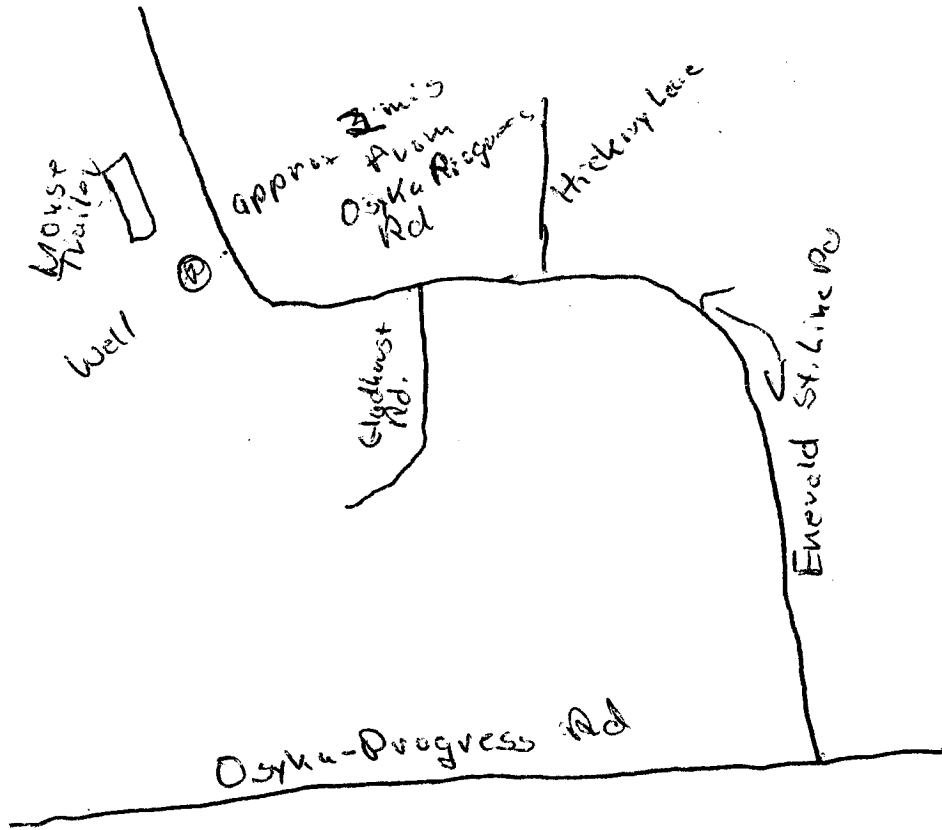
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-25-08</u> Static Water Level (A): <u>51'</u> Feet Below Land Surface Pumping Water Level (B): <u>75'</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>24'</u> Feet Below Land Surface Test Pumping Rate: <u>11.7</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	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.

William A Gill 0-251 P William A Gill
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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