

State Well Report

Part 1

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 #: A 131
 L. S. Elevation: _____
 E-log #: _____

County: Walton 147

Permit #: _____

Driller: 1-21-05, Fitzgerald

Date drilling completed: 1-21-05

Fitzgerald Well Service, Inc.

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Owner Name: Myers
 Mailing Address: Adrian Boyd Rd
Tylertown MS
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec 31 Twn 4N Rng 10E
 Distance Direction Nearest Town
10 Miles North of Tylertown

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 1-21-05 Date well drilling completed: 1-21-05
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 74' feet above or below (circle one) land surface Date measured: 1-21-05
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 104' Well depth: 104' Well grouted to a depth of 10' feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 94' feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: 1012 inches Setting depth: From 94' feet to 104' 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 back of page
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

RECEIVED

FEB 07 2005

Brad Fitzgerald

0291

Brad Fitzgerald

BY: OLWR

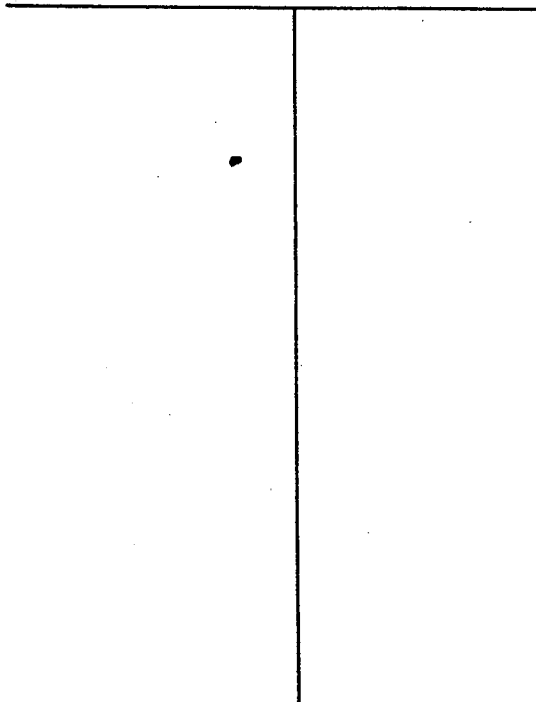
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

A-131

If well telescopes please sketch below and show depths.

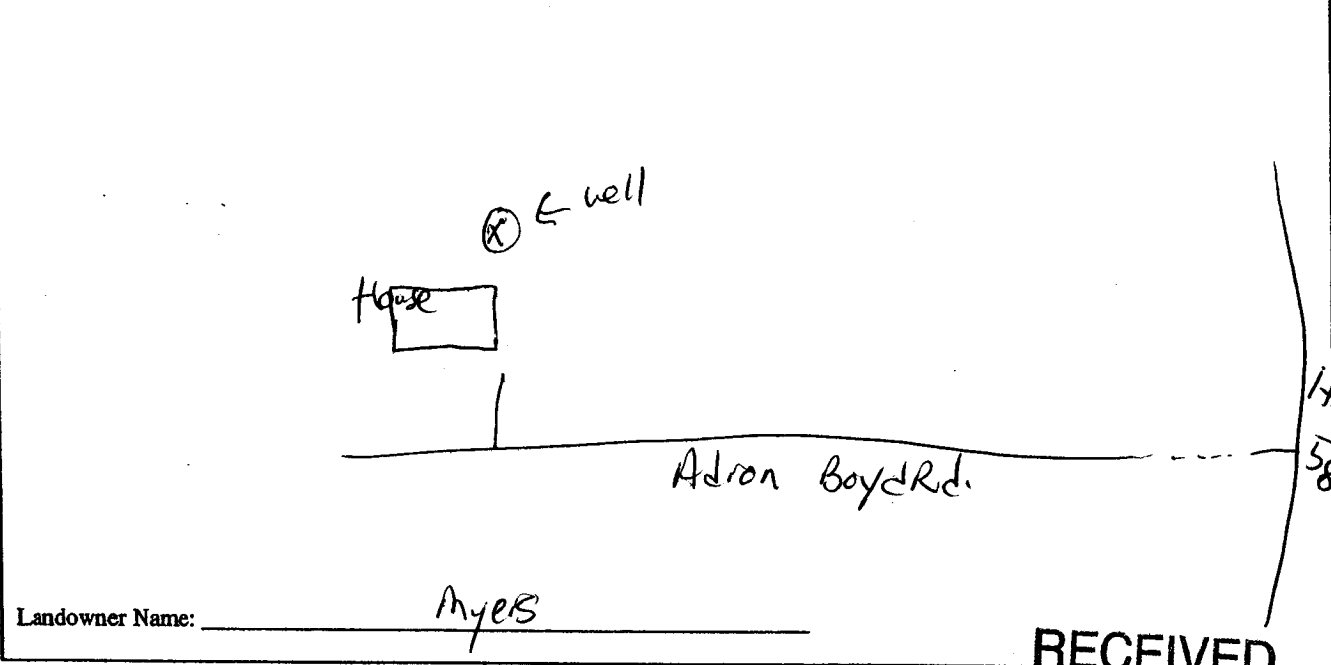
Ground Level



Description of Formations Encountered	From	To
clay	0	20
sandy gravel	20	70
sand	70	90
gravel	90	100
coarse sand	100	104

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) indicate direction.



RECEIVED
 FEB 07 2005
 BY: OLWR

Brad Stymal
 Signature of Water Well Contractor

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 #: A-131

Elevation: _____

County: Waltham
 Permit #: _____
 Driller: Fitzgerald Well
 Date completed: 1-21-04

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>Myers'</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Adron Boyd Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tylertown MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>31</u> Twn <u>4N</u> Rng <u>10E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>10</u> Miles <u>North</u> of <u>Tylertown</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>1-21-05</u>	Setting Depth: <u>90'</u> feet
Rated Pump Capacity: <u>12'</u> Gallons Per Minute	Number of Stages: <u>12'</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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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

Brad Fitzgerald
 Signature of Pump Installer

RECEIVED

FEB 07 2005

BY: OLWR