

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

Acquire
Well # D-99
U.S. Elevation
E-log #

County: Waltham
Permit #:
Driller: Fitzerald Well Service
Date drilling completed: 7-7-05

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) and Well or Borehole Location. Includes fields for Owner Name (Henderson Rushing), Address (Rushingtown Rd, Salem MS), Well Location (Latitude, Longitude, USGS quad, etc.), and Distance (2 Miles East of Salem).

Well / Borehole Data. Includes Date drilling started/completed (7-7-05), Hole depth (95'), Hole diameter (8"), Location of source of any surface water used for drilling, Method of dosing and volume of Chlorine used, Logs run (No log run), Name of organization running logs, Purpose of borehole (Water Well checked).

Well Construction Details. Includes Purpose of Well (Industrial checked), Static Water Level (77'), Date measured (7-7-05), Method of Measurement (steel tape), Well depth (95'), Well grouted to a depth of (10'), Type of grout (Neat Cement), Casing length (85'), Casing diameter (4"), Type of casing (PVC), Screen length (10'), Screen diameter (4"), Type of screen (PVC), Screen slot size (.012 inches), Setting depth (85' to 95').

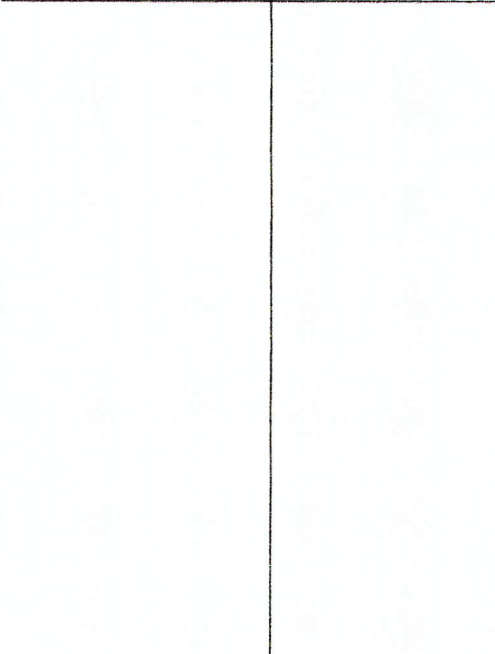
Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

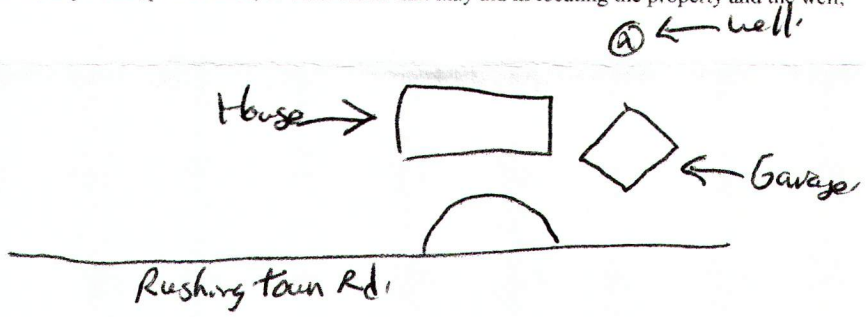


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Clay	0	20
gravel	20	40
Sand	40	70
course sand & gravel	70	95

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: Henderson Rushing

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 Fitzmaurice 0201 7-7-05
 Print Name of Responsible Licensee and License No. Date

Brad Fitzmaurice
 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 Waltham
 Permit # _____
 Driller Fitzgerald Well Secco
 Date completed: 7-7-05
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-99
 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	Well Location
Owner Name: <u>Henderson Rushing</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Rushington Rd</u>	Method of Lat Long (check one): Conventional Survey _____
<u>Salem</u> <u>ms.</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>10</u> T <u>3N</u> R <u>4E</u>
Telephone No. (_____) _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>East</u> of <u>Salem</u> .

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Fractor P/O <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>7-7-05</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tap</u> <input checked="" type="checkbox"/>
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 0249 Brad Stuyck
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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