

**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 #: E-202
L. S. Elevation: _____
E-log #: _____

County: Waltham
Permit #: _____
Dweller: Fitzgerald Well Service
Date drilling completed: 9-26-07

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)		Well or Borehole Location	
Owner Name: <u>Ken Johnson</u>		Latitude: <u>31.7227</u> "	Longitude: <u>90.12515</u> "
Mailing Address: <u>Hwy 48</u>		Method of Lat/Long (circle one): <u>23</u> Conventional Survey, <u>51</u>	
<u>Tylertown</u> <u>ms.</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code		<u>1/4</u> <u>1/4</u> Sec <u>20</u> Twp <u>2N</u> Rng <u>10E</u>	
Telephone No. () _____		Distance _____ Miles	Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 9-26-07 Date drilling completed: 9-26-07 Hole depth: 115' 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: Cows

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 100' feet above or below (circle one) land surface Date measured: 9-26-07

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

Well depth: 115' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 100' feet Casing diameter: 4" inches Type of casing: pvc

Screen length: 15' feet Screen diameter: 4" inches Type of screen: pvc

Screen slot size: 010-5/012-10' inches Setting depth: From 100' feet to 115' feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

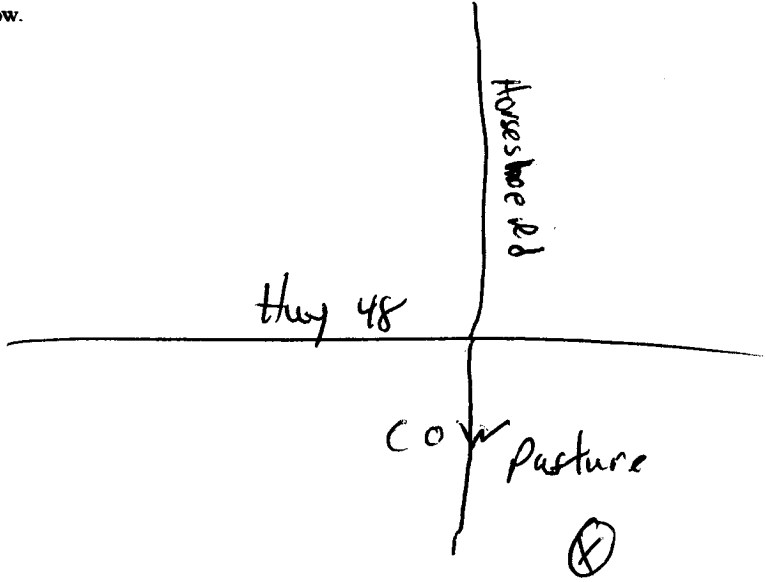
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page.*

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clay	0	20
sand	20	80
gravel	80	100
Coarse Sand (gravel)	100	115

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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Landowner Name: Ken Johnson

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

Bud Fitzgerald 024 9-26-07 Bud Fitzgerald
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 Services
 Date completed: 9-26-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-202
 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>Ken Johnson</u>	Latitude: <u>31° 7' 22.7"</u> Longitude: <u>90° 12' 51.5"</u>
Mailing Address: <u>Hwy 48</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tylertown ms</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. (____) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

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 <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>9-26-07</u>	Setting Depth: <u>114'</u>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

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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 029 Paul Stoddard
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer