

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Waltham
Permit #: _____
Driller: Fitzgerald Well Serv
Date drilling completed: 10-19-11

For Office Use Only:
Aquifer: H 145
Well #: _____
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 (Landowner if borehole is not for a water well) | Well or Borehole Location |
|--|--|
| Owner Name: <u>Denise Abbott</u> | Latitude: <u>31° 4' 30.6"</u> Longitude: <u>90° 14' 10.5"</u> |
| Mailing Address: <u>Old River Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, _____ |
| <u>Tylatoun</u> MS City State Zip Code | USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/> |
| Telephone No. () _____ | <u>4W</u> <u>5W</u> Sec <u>6</u> Twn <u>1N</u> Rng <u>10E</u> |
| | Distance _____ Miles Direction _____ of Nearest Town _____ |

Well / Borehole Data

Date drilling started: 10-19-11 Date drilling completed: 10-19-11 Hole depth: 78' 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: 16' feet above or below (circle one) land surface Date measured: 10-19-11

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

Well depth: 78' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 58' feet Casing diameter: 4" inches Type of casing: PC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PC

Screen slot size: .010 inches Setting depth: From 58' feet to 78' 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*

Form: OLWR-SWR-1A (04/08)

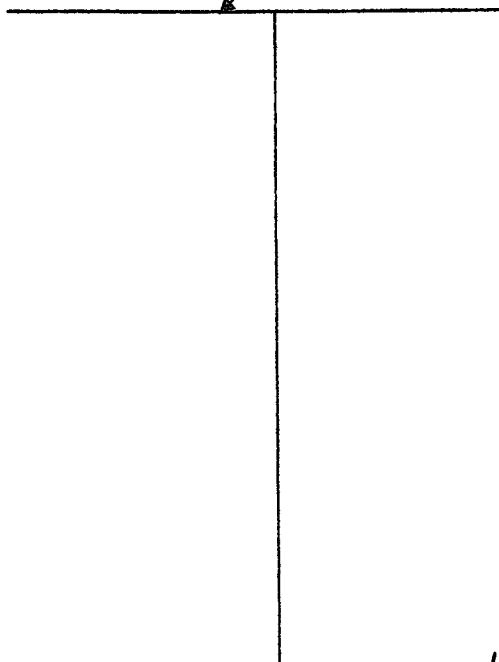
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The sketch below only required for water wells

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

If well telescopes, show depths on sketch

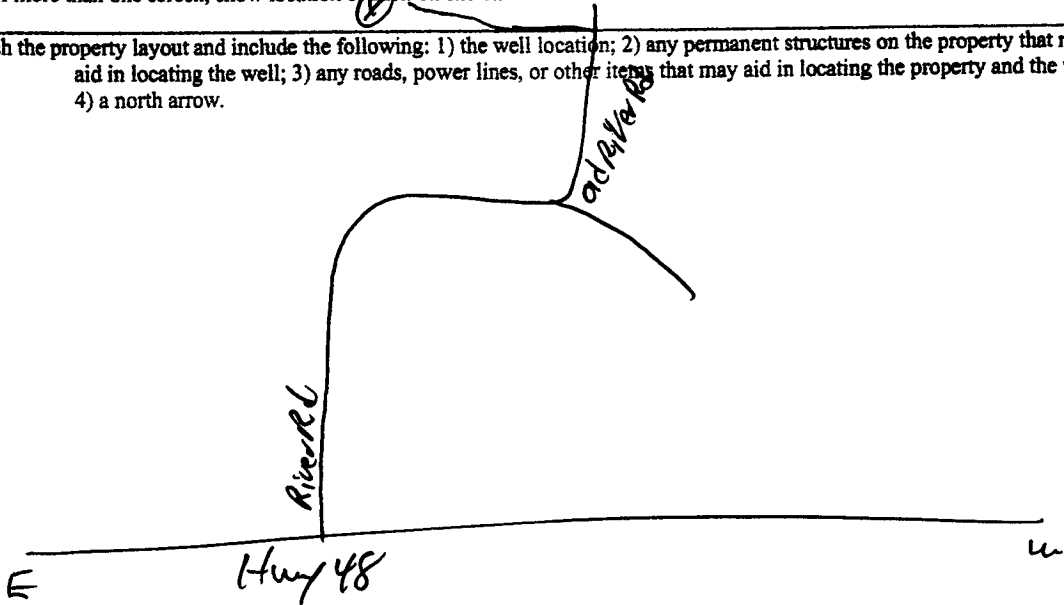
Ground Level



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| | Ground Level | |
| Clay | 0 | 20 |
| gravel | 20 | 30 |
| Clay | 30 | 60 |
| course sand | 60 | 78 |
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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: Denise Abbotts

Form: OLWR-SWR-1A (04/08)

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.

Print Name of Responsible Licensee and License No. Brad Fitzgerald 029

Date 10-19-11

Signature of Licensee [Signature]

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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 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____

Well #: H145

Elevation: _____

County: Walton

Permit #: _____

Driller: Fitzgerald Well Service

Date completed: 10-19-11

Copy information from block on Part 1

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>Denise Abbott</u> | Latitude: <u>31° 4' 30.6"</u> Longitude: <u>90° 14' 10.5"</u> |
| Mailing Address: <u>Old River Rd.</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 <u>6</u> T <u>1N</u> R <u>10E</u> |
| Telephone No. (____) _____ | Distance _____ Direction _____ Nearest Town _____ |
| | _____ Miles _____ of _____ |

| Pump Type | Power Type |
|---|---|
| Air Lift | Diesel Engine Gasoline Engine Natural Gas |
| Circle one | Circle one |
| Jet <u>Submersible</u> | Electric Motor <u>Hand</u> Tractor PTO |
| Bucket Piston Turbine | Windmill Other (specify): _____ |
| Centrifugal Rotary Flowing Well | Horse Power Rating of Motor: <u>3/4</u> |
| Other (specify): _____ | Setting Depth: <u>50'</u> feet |
| Date Pump Installed: <u>10-19-11</u> | Number of Stages: <u>12'</u> |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | |

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

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Burd Fitzgerald 029
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

Form: OLWR-SWR-1G (07-09)

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