

County: Amite Wilkinson
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 6-11-09

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 #: Ø37
 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>Adam McKay</u>	Latitude: <u>31° 8' 59.6"</u> Longitude: <u>90° 6' 34.6"</u>
Mailing Address: <u>McKay Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Centerville, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE ¼ SE ¼ Sec 9 Twn 2N Rng 1E</u>
Telephone No. () _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 6-11-09 Date drilling completed: 6-11-09 Hole depth: 180' 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: 90' feet above or below (circle one) land surface Date measured: 6-11-09

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

Well depth: 180' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 160' feet to 180' 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

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Wilkinson

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 #: Ø37

Elevation: _____

County: Amite

Permit #: _____

Driller: Fitzgald Well Service

Date completed: 6-11-09

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

Owner Name: Adam McKey

Mailing Address: McKey Rd

Centerville MS
City State Zip Code

Telephone No. (____) _____

Well Location

Latitude: 31° 08' 59.6" Longitude: 90° 06' 34.6"
9" 00' 35"

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____

NE ¼ SE ¼ Sec 9 T 2N R 1E

Distance _____ Direction _____ Nearest Town _____
Miles _____ of _____

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 6-11-09
Rated Pump Capacity: 12 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1/2
Setting Depth: 140 feet
Number of Stages: 8

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____ Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface
Test Pumping Rate: _____ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level

Circle one

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.

Brad Fitzgald 024
Print Name of Pump Installer and License No. (if applicable)

Brad Stodd
Signature of Pump Installer

Form: OLWR-SWR-1B

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