

BY: OLMR

JUL 2 2011

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Well Made For Windmill

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

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

Other (describe): \_\_\_\_\_

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

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Screen length: \_\_\_\_\_ feet Screen diameter: \_\_\_\_\_ inches Type of screen: *plc*

Casing length: \_\_\_\_\_ feet Casing diameter: \_\_\_\_\_ inches Type of casing: *plc*

Well depth: \_\_\_\_\_ feet Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one):  Near Cement  Bentonite  Mix

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

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: *6-29-11*

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

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: *Windmill*

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*If drilling is not related to water well construction, skip the remainder of this block.*

Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

Purpose of borehole (check one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump \_\_\_\_\_

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Location of the source of any surface water used in drilling and development: \_\_\_\_\_

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Date drilling started: *6-29-11* Date drilling completed: *6-29-11* Hole depth: *33* Hole diameter: *8 1/2*

Well / Borehole Data

Information on Well Owner (Landowner if borehole is not for a water well)

Owner Name: *Tim Toler*

Mailing Address: *Whittington Rd*

City: *Smithdale ms* State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Well or Borehole Location

Latitude: *30° 17' 23.3"* Longitude: *90° 49' 28"*

Method of Lat/Long (circle one):  Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS

*N 3 1/2 W 2 1/4 Sec 21 Twn 4N Rng 4E*

Distance \_\_\_\_\_ Miles Direction \_\_\_\_\_ of \_\_\_\_\_ Nearest Town \_\_\_\_\_

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.

For Office Use Only: *510*

Aquifer: \_\_\_\_\_

Well #: \_\_\_\_\_

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

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: *Amite*

Permit #: \_\_\_\_\_

Driller: *W. St. Paul Well Serv*

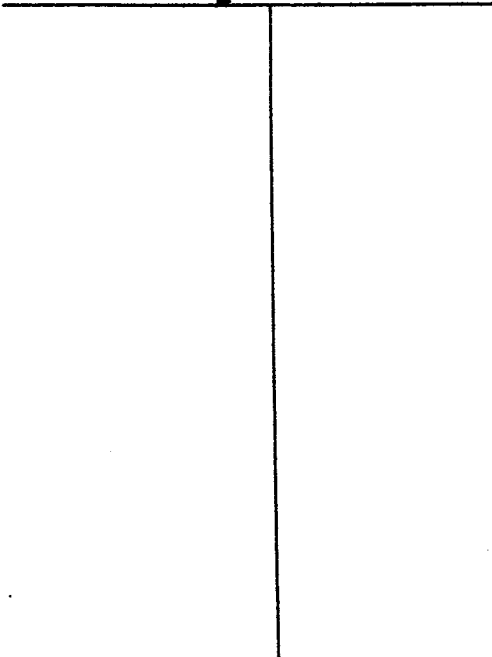
Date drilling completed: *6-29-11*

Never received part 2 3/2013

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 

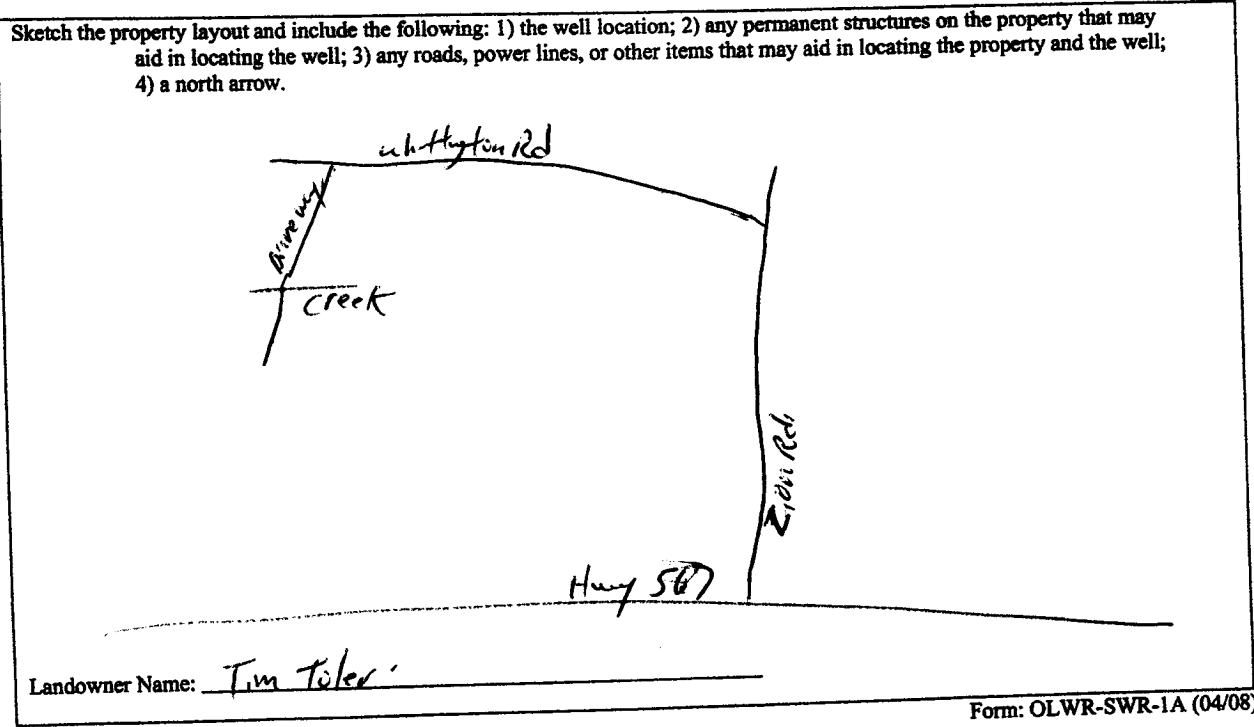


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	18
Sand & Gravel	18	33

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: Tim Toler

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.

David Fitzgerald 029 6-29-11  
 Print Name of Responsible Licensee and License No. Date

  
 Signature of Licensee

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