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BY: OLWR

Form: OLWR-SWR-1A

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

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

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Screen length: _____ feet Screen diameter: _____ inches Type of screen: pu

Casing length: _____ feet Casing diameter: _____ inches Type of casing: pu

Well depth: 125 feet Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

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

Static Water Level: _____ feet above or below (circle one) land surface _____ Other (describe): _____

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

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: Motor/Cross Tract

If drilling is not related to water well construction, check 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 logs Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: _____

Method of dosing and volume of Chlorine used in drilling and development: _____

Location of the source of any surface water used for drilling: _____

Date drilling started: 7-23-08 Date drilling completed: 7-23-08 Hole depth: 125 Hole diameter: 4"

Well / Borehole Data

Telephone No. (____) _____ City _____ State _____ Zip Code _____

Mailing Address: _____

Owner Name: Jerry Byrd

(Landowner if borehole is not for a water well)

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

Distance _____ Miles Direction _____ of _____ Nearest Town _____

Latitude: 31° 17' 37.5" Longitude: 90° 44' 54.8"

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

Well or Borehole Location _____

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:

Acquirer: _____ Well #: D-91 L. S. Elevation: _____ E-Log #: _____

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)

County: Amite

Permit #: _____

Driller: Fitzgerald Wellbriener

Date drilling completed: 7-23-08

BY: OLWR

AUG 04 2008

RECEIVED Form: OLWR SWR-18

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

Print Name of Pump Installer and License No. (if applicable): Brad Fitzgerald 099

Signature of Pump Installer: [Signature]

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

Pump Type

Circle one

Air Lift _____ Jet _____ Submersible _____

Bucket _____ Piston _____ Turbine _____

Centrifugal _____ Rotary _____ Flowing Well _____

Other (specify): _____

Date Pump Installed: 7-23-08

Rated Pump Capacity: _____ 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: 2

Setting Depth: 104' feet

Number of Stages: _____

Well Owner Information

Owner Name: Jerry Boyd

Mailing Address: _____

City: Smithville MS State: _____ Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 30° 17' 37.5" Longitude: 90° 44' 54.5"

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

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

Distance _____ Direction _____ Nearest Town _____

Miles _____ of _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

For Office Use Only:

County: _____

Permit #: _____

Driller: Fitzgerald Well Service

Date completed: 7-23-08

Copy information from block on Part I

Mississippi Department of Environmental Quality
 Pump Installer's Completion Report
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601) 961-5210
 (601) 354-6938 (fax)

Elevation: _____

Well #: D-91

Aquifer: _____

STATE WELL REPORT

Part 2