

RECEIVED  
 JUL 20 2009  
 BY: OLWR

Form: OLWR-SWR-1A

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)

Owner Name: Paul Rausser  
 Mailing Address: Recess Rd  
 City: Smithville MS  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_

Well / Borehole Data

Date drilling started: 6-25-09 Date drilling completed: 6-25-09 Hole depth: 200' Hole diameter: 8"

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

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

Static Water Level: 49' feet above or below (circle one) land surface Date measured: 6-25-09

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

Well depth: 200' Well grouted to a depth of 10' feet

Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 180' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 0.12/0.10 inches Setting depth: From 180' feet to 200' feet

Type of completion (circle all applicable):  Gravel pack  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.

For Office Use Only:

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

Well #: D92

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 Well Service

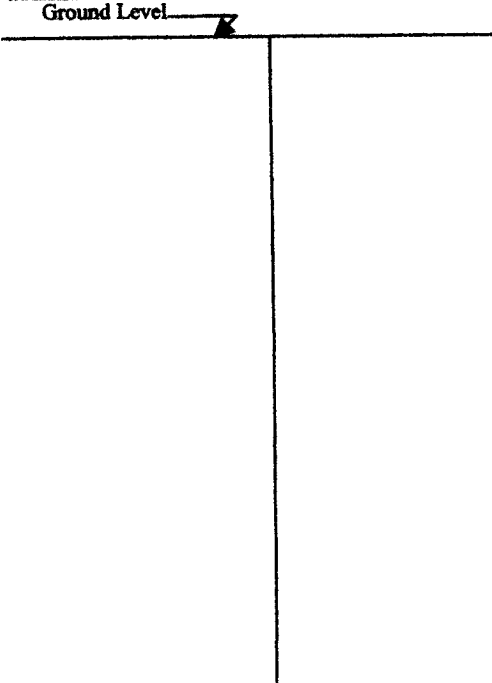
Date drilling completed: 6-25-09

D92

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



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
sand	20	50
gravel	50	60
clay	60	140
sand	140	180
course sand	180	200

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: Paul Rousseau

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.

Print Name of Responsible Licensee and License No. Brad Fitzgerald 0201 Date 6-24-09 Signature of Licensee [Signature]

**RECEIVED**  
 JUL 20 2009  
 BY: OLWR

# 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:

Acquirer: \_\_\_\_\_

Well #: D9A

Elevation: \_\_\_\_\_

County: Amite

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

Driller: Fitzgerald Well Service

Date completed: 6-25-09

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: Paul RUSSEAU

Mailing Address: Reves Rd

City: Smithdale MS State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Well Location**

Latitude: 31° 18' 12.7" Longitude: 90° 40' 28.5"

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

USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_

NW 1/4 NE 1/4 Sec 23 T 4N R 5E

Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_

Miles \_\_\_\_\_ of \_\_\_\_\_

**Pump Type**

Circle one

Air Lift  Jet  Submersible  Turbine  Piston  Bucket  Centrifugal  Rotary  Flowing Well  Windmill  Other (specify): \_\_\_\_\_

**Power Type**

Circle one

Diesel Engine  Gasoline Engine  Natural Gas  Tractor PTO  Hand  Electric Motor  Windmill  Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 2

Setting Depth: 30 feet

Number of Stages: \_\_\_\_\_

**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.

Print Name of Pump Installer and License No. (if applicable): Brad Fitzgerald 009

Signature of Pump Installer: Brad Fitzgerald

BY: OLWR

JUL 20 2009

RECEIVED

Form: OLWR-SWR-1B