

Form: OLWR-SWR-1A

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): Travel packed Undreamed Telescoped Open hole Natural Development

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

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

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

Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat 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: 3-31-08

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

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

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: 3-31-08 Date drilling completed: 3-31-08 Hole depth: 150' Hole diameter: 8"

Well / Borehole Data

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

Owner Name: Bear Holloway Mailing Address: Hwy 569

City: Smithdale MS State: MS Zip Code: _____

Telephone No. (_____) _____

Well or Borehole Location

Latitude: 31° 19' 08" Longitude: 90° 38' 56.1" Method of Lat/Long (circle one): Conventional Survey

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

Distance _____ Miles Direction _____ of _____ Nearest Town

_____ % Sec 18 _____ % Rng 6E

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:

Aquifer: _____ Well #: E-123 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Amite

Permit #: _____


Driller: Richard Well Face

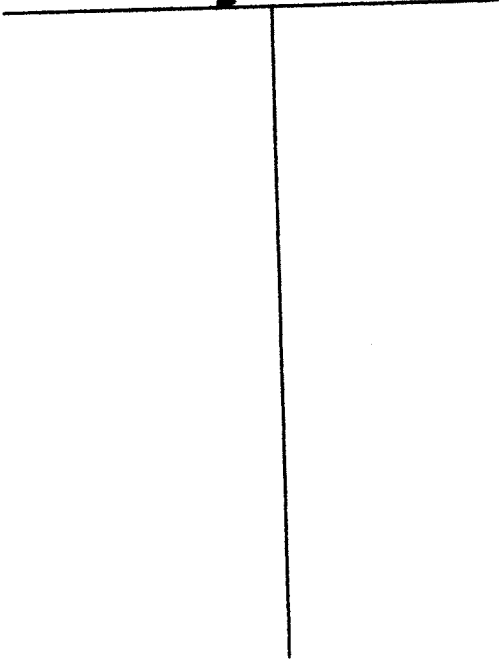
Date drilling completed: 3-31-08

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.

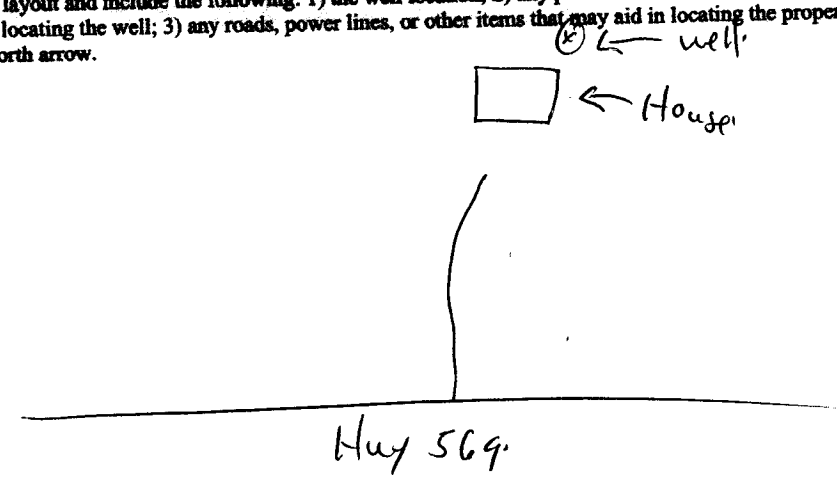
Ground Level 



Description of Formations Encountered	From (depth) Ground Level	To (depth)
clay	0	20
clay	20	40
gravel	40	80
clay	80	120
sand	120	140
course sand	140	150

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: Beau Hollaway

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 024 Date 03-31-08 Signature of Licensee Brad Fitzgerald

RECEIVED
APR 25 2008
BY: OLWR

Form: OLWR-SWR-1B

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

Signature of Pump Installer Brad Fitzgerald

<p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p>Method of Measuring Water Level</p> <p>Air Line _____</p> <p>Electric Measuring Line _____</p> <p>Steel Tape <u>Circle one</u></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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<p>Pump Type</p> <p>Circle one</p> <p>Submersible _____</p> <p>Jet _____</p> <p>Piston _____</p> <p>Turbine _____</p> <p>Flowing Well _____</p> <p>Centrifugal _____</p> <p>Bucket _____</p> <p>Air Lift _____</p>	<p>Power Type</p> <p>Circle one</p> <p>Diesel Engine _____</p> <p>Gasoline Engine _____</p> <p>Hand _____</p> <p>Tractor PTO _____</p> <p>Natural Gas _____</p> <p>Electric Motor <u>Circle one</u></p> <p>Windmill _____</p> <p>Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>3/4</u></p> <p>Setting Depth: <u>95</u> feet</p> <p>Number of Stages: <u>12</u></p>
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<p>Well Owner Information</p> <p>Owner Name: <u>Beau Hollaway</u></p> <p>Mailing Address: <u>Hwy 569</u></p> <p>City: <u>Smithville ms.</u></p> <p>State: _____</p> <p>Zip Code: _____</p> <p>Telephone No. (____) _____</p>	<p>Well Location</p> <p>Latitude: <u>30° 19' 8.2"</u></p> <p>Longitude: <u>90° 38' 56.1"</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____</p> <p>USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____</p> <p>Distance _____ Miles</p> <p>Direction _____</p> <p>Nearest Town _____</p>
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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.

Copy information from block on Part 1

County: Amite

Permit #: _____

Driller: Fitzgerald Well Serv

Date completed: 3-31-08

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 #: E-123

Elevation: _____

STATE WELL REPORT