

Form: OLWB-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: Bill Wallace
 Mailing Address: Turxpho
 City: Southdale MS
 State: MS
 Zip Code: _____
 Telephone No. () _____

Well / Borehole Data
 Date drilling started: 11-14-08
 Date drilling completed: 11-14-08
 Hole depth: 160'
 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 a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 54' feet above or below (circle one) land surface Date measured: 11-14-08
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 160' Well grouted to a depth of 16' feet Type of grout (circle one) Neat Cement Bentonite Mix
 Casing length: 150' feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: .012 inches Setting depth: From 150' feet to 160' feet
 Type of completion (circle all applicable): Gravel packed Underrammed 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

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 #: Fitzgould Well S&P
 Driller: Fitzgould Well S&P
 Date drilling completed: 11-14-08

For Office Use Only:
 Aquifer: E-128
 Well #: E-128
 L. S. Elevation: _____
 E-log #: _____

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)

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv.
 Date completed: 11-14-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-128
 Elevation: _____

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	Well Location
Owner Name: <u>Bill Wallace</u>	Latitude: <u>31°17'40.4"</u> Longitude: <u>90°33'54.8"</u>
Mailing Address: <u>Tangipho Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Smithdale ms</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. (____) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11-14-08</u>	Setting Depth: <u>95</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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

Form: OLWR-SWR-1B

RECEIVED
 DEC 03 2008
 BY: OLWR