

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 1-5-12

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)

For Office Use Only:
 Aquifer: E 133
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Nellie Nelly Burris Burris</u>	Latitude: <u>31° 18' 51.7"</u> Longitude: <u>90° 37' 6.2"</u>
Mailing Address: <u>Greensburg Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Smithdale</u> <u>MS</u>	<u>55</u> <u>N</u> <u>17</u> <u>N</u> <u>6E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	Miles of

Well / Borehole Data

Date drilling started: 1-5-12 Date drilling completed: 1-5-12 Hole depth: 112' 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 drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 50' feet above or below (circle one) land surface Date measured: 1-5-12

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

Well depth: 112' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 102' 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 102' feet to 112' feet

Type of completion (circle all applicable): Gravel packed 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*

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

Pump set by The Warehouse.

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 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)

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Co.
 Date completed: 1-5-12

For Office Use Only:

Aquifer: _____
 Well #: E133
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Nelly Burnis</u>	Latitude: <u>20° 09' 51.7"</u> Longitude: <u>90° 37' 62"</u>
Mailing Address: <u>Cantonburg Rd.</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Smithdale Ms.</u>	USGS quad, Hand-held GPS. Survey-grade GPS
City State Zip Code	<u>SE ¼ NE ¼ Sec 17 Twn 4N Rng 6E</u>
Telephone No. (_____) _____	Distance Direction Nearest Town
	_____ Miles of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>1-23-12</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-23-12</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>105</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

0705
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

RECEIVED

JAN 18 2012
 BY: [Signature]

REPORT OF THE COMMISSIONER

of the Board of Education
for the year ending June 30, 1902
The Board of Education
of the City of New York
has the honor to acknowledge the receipt of the report of the
Commissioner of the Board of Education, for the year ending
June 30, 1902, and to express its appreciation of the
care and attention which he has bestowed upon the
conduct of the public schools of the City of New York.

The report of the Commissioner is a most interesting and
valuable one, and it is a pleasure to find that the
Board of Education has been able to secure such a
thorough and complete report of the progress of the
public schools of the City of New York. The report
contains a full and complete statement of the
condition of the schools at the beginning and at the
close of the year, and it also contains a full and
complete statement of the work done during the year.

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