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 BY: OLWB

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: Candy Coleman
 Mailing Address: New Hope Rd
 City: Clayton MS
 State: _____ Zip Code: _____
 Telephone No. () _____

Well / Borehole Data
 Date drilling started: 4-6-10 Date drilling completed: 4-6-10 Hole depth: 180' Hole diameter: 8"
 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: _____
 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, attach 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: 107' feet above or below (circle one) land surface Date measured: 4-6-10
 Method of Measurement (circle one): steel tap electric tape air line other: _____
 Well depth: 180' 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: 80' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: 0.02/10 inches Setting depth: From 100' feet to 180' feet
 Type of completion (circle all applicable): Travel 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*

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: Hank
 Permit #: _____
 Driller: Erzgebild Well Serv
 Date drilling completed: 4-6-10

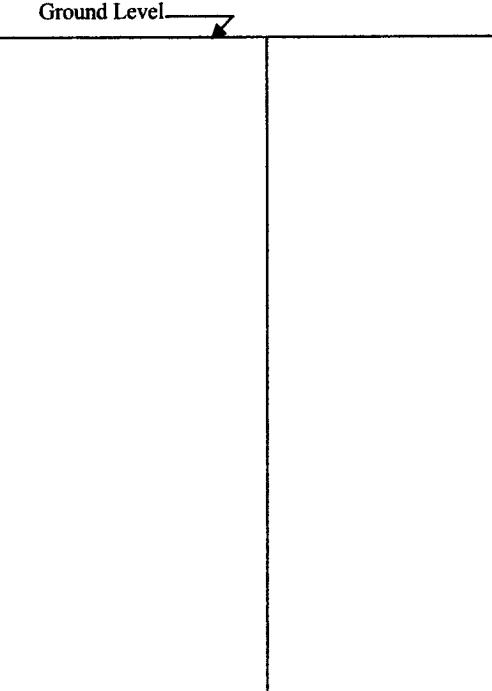
For Office Use Only:
 Acquirer: 662
 Well #: _____
 L. S. Elevation: _____
 E-Log #: _____

662

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
gravel	20	60
Sand	60	80
Clay	80	100
Sand	100	140
Clay	140	160
Coarse Sand	160	180

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: Candy Coleman

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

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.

Brad Fitzgerald 099 4-6-10 Brad Fitzgerald

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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): BAD Ezzell 029

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

Air Line Electric Measuring Line Steel Tap

Circle one

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet

_____ feet after _____ hours of pumping

Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine Flowing Well Centrifugal Rotary

Other (specify): _____

Date Pump Installed: 4-6-10

Rated Pump Capacity: 20 Gallons Per Minute

Power Type

Circle one

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

Horse Power Rating of Motor: 1

Setting Depth: 140 feet

Number of Stages: 8

Well Owner Information

Owner Name: Lundy Coleman

Mailing Address: New Hope Rd

City: Jeffers State: MS Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 14' 52.1" N Longitude: 50° 56' 46.1" W

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 1 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:

Aquifer: 662

Well #: _____

Elevation: _____

Part 2

STATE WELL REPORT

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: Ezzell Williger

Date completed: 4-6-10

Copy information from block on Part 1