

BY: OLWR

FEB 22 2011

RECEIVED

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

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): Gravel packed Underrammed Telescoped Open hole Natural Development

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

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

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

Well depth: _____ feet 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: _____

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: _____ Date drilling completed: _____ Hole depth: _____ Hole diameter: _____

Well / Borehole Data

<p>Well or Borehole Location</p> <p>Latitude: $31^{\circ} 5' 38.4''$ N Longitude: $90^{\circ} 2' 49.2''$ W</p> <p>Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> GPS</p> <p>USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>SE 1/4 NW 1/4 Sec 38 Twn 2N Rng 2E</p> <p>Distance _____ Miles Direction _____ of _____ Nearest Town _____</p>	<p>Information on Well Owner</p> <p>(Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Raymond Garret</u></p> <p>Mailing Address: <u>Highway 48</u></p> <p>City: <u>LeFlore MS</u> State: _____ Zip Code: _____</p> <p>Telephone No. (_____) _____</p>
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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:

Acquirer: 6-64

Well #: _____

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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: H.M.Fe

Permit #: _____

Driller: Stitzel Well Service

Date drilling completed: 2-14-11

Form: OLWR-SWR-1C (07-09)

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

Signature of Pump Installer: [Signature]

Print Name of Pump Installer and License No. (if applicable): Bradley D. Osgood

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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: Steel Tape Air Line Electric Measuring Line

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Pump Type

Circle one: Submersible Air Lift Bucket Centrifugal

Jet Piston Rotary Turbine Flowing Well

Other (specify): _____

Date Pump Installed: 2-14-11

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one: Electric Motor Diesel Engine Gasoline Engine Hand Tractor PTO

Other (specify): _____

Windmill _____

Horse Power Rating of Motor: 1

Setting Depth: 100 feet

Number of Stages: 8

Well Owner Information

Owner Name: Raymond Gant

Mailing Address: Hwy 48

City: Cerleville MS State: _____ Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 5' 38.4" Longitude: 90° 2' 44"

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

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

Distance _____ Miles Direction _____ of _____ Nearest Town _____

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.

County: Amite

Permit #: _____

Driller: Reginald Welliver

Date completed: 2-14-11

Copy information from block on Part 1

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

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: 664

Well #: _____

Elevation: _____

