

County: Amite
 Permit #: _____
 Driller: Edgar H Well Service
 Date drilling completed: 4-27-09

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)

For Office Use Only:
 Aquifer: _____
 Well #: H 70
 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>Herbert Brown</u>	Latitude: <u>31° 10' 42"</u> Longitude: <u>90° 50' 52"</u> <u>52"</u>
Mailing Address: <u>Comprise Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Liberty</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 31 Twn 3N Rng 4E</u>
Telephone No. () _____	Distance Direction Nearest Town Miles of _____

Well / Borehole Data

Date drilling started: 4-27-09 Date drilling completed: 4-27-09 Hole depth: 240' 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: +1 feet above or below (circle one) land surface Date measured: 4-27-09

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

Well depth: 240' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 220' feet Casing diameter: 4" inches Type of casing: Pvc

Screen length: 20' feet Screen diameter: 4" inches Type of screen: Pvc

Screen slot size: .010 inches Setting depth: From 220' feet to 240' 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

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STATE WELL REPORT

Part 2

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)

Copy information from block on Part 1

County: Amite
Permit #: _____
Driller: Erzgrald Well Service
Date completed: 4-27-09

For Office Use Only:
Aquifer: _____
Well #: H70
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.

<p>Well Owner Information</p> <p>Owner Name: <u>Herbert Brown</u> Mailing Address: <u>Compromise Rd</u> City: <u>Liberty</u> State: <u>MS</u> Zip Code: _____ Telephone No. () _____</p>		<p>Well Location</p> <p>Latitude: <u>31° 10' 42"</u> Longitude: <u>90° 50' 52.4"</u> Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____ <input type="checkbox"/> Hand-held GPS _____ <input type="checkbox"/> Survey-grade GPS _____ Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____</p>	
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<p>Pump Type</p> <p>Circle one</p> <p>Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/></p> <p>Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/></p> <p>Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/></p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>4-27-09</u> Rated Pump Capacity: _____ Gallons Per Minute</p>		<p>Power Type</p> <p>Circle one</p> <p>Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/></p> <p><u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/></p> <p>Windmill <input type="checkbox"/> Other (specify): <u>1/2</u></p> <p>Horse Power Rating of Motor: _____</p> <p>Setting Depth: <u>140</u> feet Number of Stages: <u>8</u></p>	
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<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>Circle one</p> <p>Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet</p> <p>_____ feet after _____ hours of pumping</p>	
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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): Erzgrald 029

Signature of Pump Installer: [Signature]

Form: OLWR-SWR-1B

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