

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 Undertreamed Telescoped Open hole Natural Development

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

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

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

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

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: 6-7-10

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

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe): _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Method of dosing and volume of Chlorine used in drilling and development: _____

Location of the source of any surface water used for drilling: _____

Date drilling started: 6-7-10 Date drilling completed: 6-7-10 Hole depth: 10R Hole diameter: 8"

Well / Borehole Data

Information on Well Owner (Landowner if borehole is not for a water well)

Owner Name: Donald Boyers

Mailing Address: Hwy 567

City: Liberty State: MS Zip Code: _____

Telephone No. (_____) _____

Well or Borehole Location

Latitude: 31° 14' 44.3" Longitude: 90° 50' 45.6"

Method of Lat/Long (circle one): Conventional Survey 46

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

N 3° NW 1/4 Sec 7 Twn 3N Rng 4E

Distance _____ Miles Direction _____ of _____ Nearest Town _____

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:

Aquifer: H71

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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Franklin

Permit #: _____

Driller: Edgar Wells Corp.

Date drilling completed: 6-7-10

BY-OLWR

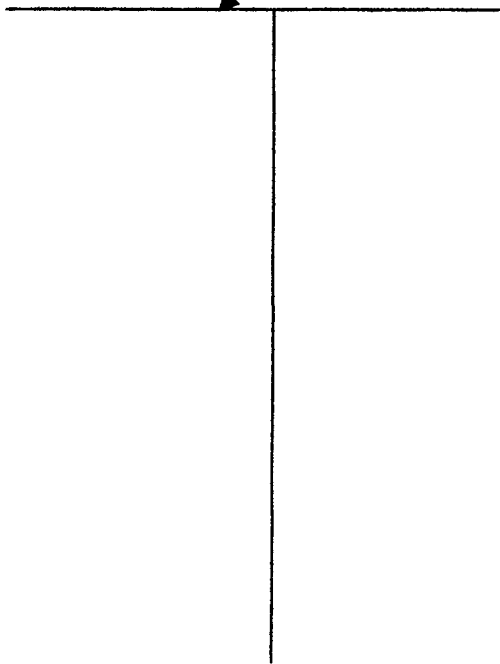
OLWR-SWR-1A

H71

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

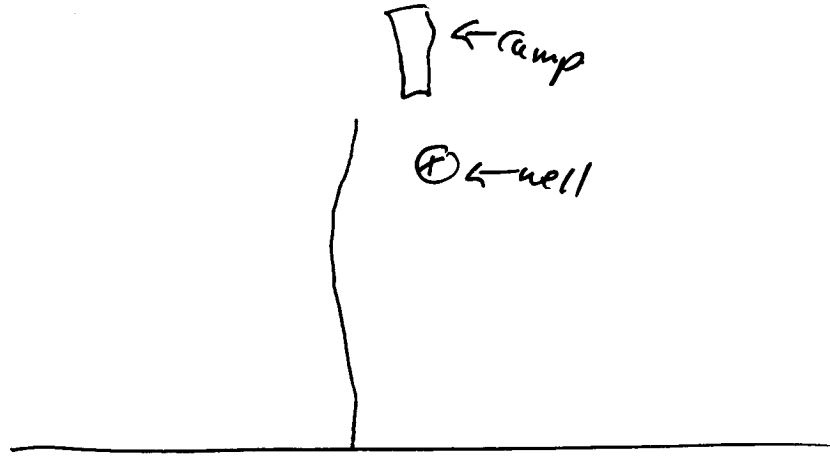


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
sand	20	40
clay	40	80
sand	80	90
course sand	90	108

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.



Hwy 567

Landowner Name: Ronald Bogaris

Form: OLWR-SWR-1A

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 029
Print Name of Responsible Licensee and License No.

6-7-10
Date

Brad Fitzgerald
Signature of Licensee

[Handwritten mark]

BY: OLWR

BY: OLMFB

OLMFB

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): Brad Pittman 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 Tape (Circle one)

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 _____

Jet _____

Piston _____

Turbine _____

Flowing Well _____

Centrifugal _____

Bucket _____

Air Lift _____

Power Type

Circle one

Diesel Engine _____

Gasoline Engine _____

Natural Gas _____

Electric Motor (Circle one)

Hand _____

Tractor PTO _____

Windmill _____

Other (specify): _____

Horse Power Rating of Motor: 3/4

Setting Depth: 60' feet

Number of Stages: 12

Well Owner Information

Owner Name: Ronald Burgess

Mailing Address: Hwy 567

City: Liberty State: MS

Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 14' 43" N Longitude: 90° 50' 45.6" W

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

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

Distance _____ Miles

Direction _____

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 I 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: _____

Well #: _____

Elevation: _____

Part 2

STATE WELL REPORT

Mississippi Department of Environmental Quality

Pump Installer's Completion Report

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: Stiguard Wellco

Date completed: 6-7-10

Copy information from block on Part 1

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