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 BY: OLWR

Form: OLWR-SWR-1A

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 Undereamed 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: _____ 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: 6-24-09

If 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, fill 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: _____

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: 6-24-09 Date drilling completed: 6-24-09 Hole depth: 120 Hole diameter: 8 1/2

Well / Borehole Data

Telephone No. () _____

City _____ State _____ Zip Code _____

Mailing Address: _____

Owner Name: Timmy Johnston
Pass Rd.

(Landowner if borehole is not for a water well)

Information on Well Owner _____

Latitude: 31° 13' 59.11" N Longitude: 50° 36' 51.4" W

Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS

SW 1/4 Sec 9 Twn 3N Rng 6E

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: _____ Well #: K111 L. S. Elevation: _____ E-log #: _____

State Well Report
 Part I - 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: Amite

Permit #: 1

Driller: _____

Date drilling completed: 6-24-09

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)

For Office Use Only:

Acquifer: _____

Well #: R III

Elevation: _____

County: Amite

Permit #: _____

Driller: Eitzgerald Well Service

Date completed: 6-24-09

Copy information from block on Part 1

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.

Well Owner Information

Owner Name: Jimmy Johnson

Mailing Address: 655 Rd.

City: Smithdale MS

State: _____ Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 13' 59.11" N

Longitude: 90° 36' 51.4" W

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

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

Distance: _____ Miles _____ of _____

Direction: _____

Nearest Town: _____

Pump Type

Circle one

Air Lift Jet Submersible Turbine Piston Bucket Centrifugal Rotary Flowing Well Windmill Other (specify): _____

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: 100 feet

Number of Stages: 8

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

Air Line Electric Measuring Line Steel Tape Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet

_____ hours after _____ hours of pumping

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 Eitzgerald 029

Signature of Pump Installer: Brad Eitzgerald

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Form: OLWR-SWR-1B