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BY: OLWR

Form: OLWR-SWR-1A

Well / Borehole Data

Date drilling started: 10-2-09 Date drilling completed: 10-2-09 Hole depth: 200 Hole diameter: 8 1/2

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 logs: _____
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, enter 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: 75 feet above or below (circle one) land surface Date measured: 10-2-09
Method of Measurement (circle one): Level tape electric tape air line other: _____
Well depth: 300 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: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 0.10/0.12 inches Setting depth: From 180 feet to 200 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*

Well / Borehole Location

Latitude: 31° 12' 57.4" N Longitude: 90° 34' 34.3" W
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 Sec 23 Twn 3N Rng 6E
Distance _____ Miles Direction _____ of _____ Nearest Town _____
Telephone No. () _____
City _____ State _____ Zip Code _____
Mailing Address: _____
Owner Name: Claude Penn.
Issac Rd.
Momb MS
Information on Well Owner (Landowner if borehole is not for a water well)

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: K 115

Well #: _____

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 #: _____

Driller: Fitzgerald Wellbros

Date drilling completed: 10-2-09

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:

Aquifer: _____
 Well #: K115
 Elevation: _____

County: Amite
 Permit #: _____
 Driller: Fitzgerald Wellbore
 Date completed: 10-2-09
 (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: Claude Penn
 Mailing Address: Issac Rd
 City: W'umb MS State: _____ Zip Code: _____
 Telephone No. () _____

Well Location

Latitude: 31° 12' 52" N Longitude: 90° 34' 34" W
 Method of Lat/Long (check one): Conventional Survey USGS quad Hand-held GPS Survey-grade GPS
 Distance _____ Miles of _____
 Direction _____ Nearest Town _____
 1/4 _____ 1/2 _____ 3/4 _____ Sec _____ T _____ R _____

Pump Type

Circle one

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

Date Pump Installed: 10-2-09
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: _____
 Setting Depth: 140' feet
 Number of Stages: 12

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
 _____ feet after _____ hours of pumping

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): Brad Fitzgerald 0391

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