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

Well / Borehole Data

Date drilling started: 2-28-11 Date drilling completed: 2-28-11 Hole depth: 72' 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 a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 10' feet above or below (circle one) land surface Date measured: 2-28-11
 Method of Measurement (circle one): steel tape electric tape air line other: _____
 Well depth: 72' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 52' 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 52' feet to 72' 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.

Information on Well Owner
 (Landowner if borehole is not for a water well)
 Owner Name: Robert Fitzgerald
 Mailing Address: Upper Gladding Rd
 City: Summit MS Zip Code: _____
 Telephone No. () _____

Well or Borehole Location
 Latitude: 31° 14' 37.8" Longitude: 90° 34' 19.4"
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
 Direction of _____ Miles _____
 Direction of _____
 Nearest Town _____
 Ring _____

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: K 123
 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 2-28-11

RY-OLWR

MAR 24 2015

RECEIVED Form: OLWR-SWR-14 (10-03-14)

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 Fitzgerald 029

Signature of Pump Installer [Signature]

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

Air Line _____

Circle one Seal Tape 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 Jet Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 2-28-11

Rated Pump Capacity: 33 Gallons Per Minute

Power Type

Circle one Electric Motor Diesel Engine Gasoline Engine Natural Gas

Hand Tractor PTO

Other (specify): _____

Horse Power Rating of Motor: 2

Setting Depth: 50 feet

Number of Stages: _____

Well Owner Information

Owner Name: Robert Dickerson

Mailing Address: Upper Gladding Rd.

City Summit MS State _____ Zip Code _____

Telephone No. (____) _____

Well Location

Latitude: 31°14'37.8" Longitude: 90°24'19.4"

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 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: _____

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)

County: An. It.

Permit #: _____

Driller: Fitzgerald Well Service

Date completed: 2-28-11

Copy information from block on Part I