

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page.*

Type of completion (circle all applicable): Gravel packed Undreamed Telescoped Open hole Natural Development
 Other (describe): _____

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

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

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

Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Heat 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: _____

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): _____

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

Date drilling started: _____ Date drilling completed: _____ Hole depth: _____ Hole diameter: _____

Well / Borehole Data

Telephone No. () _____

City _____ State _____ Zip Code _____

Mailing Address: _____

Owner Name: _____
 (Landowner if borehole is not for a water well)

Information on Well Owner

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

Well or Borehole Location
 Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS, Survey-grade GPS
 USGS quad, Hand-held GPS, Survey-grade GPS
 NW 1/4 SW 1/4 Sec 32 Twn 2N Rng 2E
 Distance _____ Miles Direction _____ of _____ Nearest Town _____
 E-log #: _____
 L. S. Elevation: _____
 Well #: _____
 Aquifer: _____
 For Office Use Only:

State Well Report
 Part 1 - 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: _____
 Permit #: _____
 Driller: _____
 Date drilling completed: _____

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
silt	20	60
Sand	60	80
clay	80	90
Sand	90	100
course Sand	100	top

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.

Landowner Name: Bucky Gardens

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

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.

Brian Fitzgerald 029 10-30-12 [Signature]

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: Amite
 Permit #: _____
 Driller: Fitzgerald Well Services
 Date completed: 1030-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L65
 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.

Well Owner Information	Well Location
Owner Name: <u>Bucky Davidson</u> Mailing Address: <u>Peary Rd.</u> <u>Centerville ms</u> City State Zip Code Telephone No. () _____	Latitude: <u>31° 6' 17.5"</u> Longitude: <u>90° 59' 11.5"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW ¼ SW ¼ Sec. 32 T. 2N R. 2E</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type	Power Type
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>1030-12</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>90'</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level
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	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Boyd Fitzgerald 029 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
Form: OLWR-SWR-1C (07-09)