

Well / Borehole Data

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 Underrammed 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: 7-11-06

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

Seismic Survey _____ Other (describe): _____

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

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

Name of organization running logs: _____

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: 7-11-06 Date drilling completed: 7-11-06 Hole depth: 132' Hole diameter: 8"

Information on Well Owner

Owner Name: Joseph Kelly

Mailing Address: Rethel Rd

City: Liberty State: MS Zip Code: _____

Telephone No. () _____

Well or Borehole Location

Latitude: _____ Longitude: _____

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

Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____

_____ % _____ Sec _____ 40 _____ Rng _____ 3E

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 #: M-78 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: Amite

Permit #: _____

Driller: Edgwald Williams

Date drilling completed: 7-11-06

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)

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date completed: 7-11-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-78
 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>Joseph Kelly</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Bethel Rd</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Liberty</u> <u>ms.</u> | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| City State Zip Code | <u>1/4</u> <u>1/4</u> Sec <u>40</u> T <u>2N</u> R <u>3E</u> |
| Telephone No. (_____) _____ | Distance Direction Nearest Town |
| | <u>8.5</u> Miles <u>SW</u> of <u>Liberty</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5 HP.</u> |
| Date Pump Installed: <u>7-11-06</u> | Setting Depth: <u>120'</u> feet |
| Rated Pump Capacity: <u>85'</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/> |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Brad Fitzgerald 029 Russ Styal
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-18
 RECEIVED
 JUL 24 2006
 BY: OLWR