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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 Undrilled 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): Real 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: 10-30-06

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Purpose of Well (check one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

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*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: \_\_\_\_\_

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: 10-30-06 Date drilling completed: 10-30-06 Hole depth: 165' Hole diameter: 7"

Well / Borehole Data

<p>Telephone No. ( ) _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Mailing Address: <u>Kensley Lane</u></p> <p>Owner Name: <u>Erica Sullivan</u></p> <p>(Landowner if borehole is not for a water well)</p>	<p>Distance _____ Miles</p> <p>Direction _____ of _____</p> <p>Nearest Town _____</p> <p>USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>Method of Lat/Long (circle one): Conventional Survey, _____</p> <p>Latitude: _____ Longitude: _____</p> <p>Well or Borehole Location</p>
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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: \_\_\_\_\_ Well #: M-79 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 Willse

Date drilling completed: 10-30-06



# 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 Service  
 Date completed: 10-30-06  
*Copy information from block on Part 1*

**For Office Use Only:**

Assef: \_\_\_\_\_  
 Well #: M-79  
 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>Erica Sullivan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Kenabrew Lane</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Liberty</u> MS	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>12</u> T <u>2N</u> R <u>3E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>West</u> of <u>Liberty</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>10-30-06</u>	Setting Depth: <u>90'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
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.

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

Form: OLWR-SWR-1B

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