

Form: OLWR-SWR-1A

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.

**Information on Well Owner**  
 (Landowner if borehole is not for a water well)  
 Owner Name: Neil Roberts  
 Mailing Address: Enterprise Rd  
 City: Liberty State: MS Zip Code: \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_

**Well / Borehole Data**

Date drilling started: 4-16-07 Date drilling completed: 4-16-07 Hole depth: 120' Hole diameter: 7"

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: 63' feet above or below (circle one) land surface Date measured: 4-16-07  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 120' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix  
 Casing length: 110' feet Casing diameter: 4" inches Type of casing: PVC  
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC  
 Screen slot size: \_\_\_\_\_ inches Setting depth: From 110' feet to 120' 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

**Well or Borehole Location**  
 Latitude: 31° 5' 28" Longitude: 90° 52' 12"  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad, Hand-held GPS, Survey-grade GPS  
 NW 1/4 NW 1/4 Sec 12 Twp 2N Rng 3E  
 Distance Direction of \_\_\_\_\_ Miles of \_\_\_\_\_  
 Nearest Town \_\_\_\_\_

**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)

**For Office Use Only:**  
 Acquirer: M-80  
 Well #: \_\_\_\_\_  
 L.S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Services  
 Date drilling completed: 4-16-07



Form: OLWR-SWR-1B

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): Bud Fitzgerald 0291

Signature of Pump Installer: [Signature]

<p><b>Pump Test Data</b></p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p><b>Method of Measuring Water Level</b></p> <p>Air Line _____</p> <p>Electric Measuring Line _____ <u>Steel Tap</u></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet</p> <p>_____ feet after _____ hours of pumping</p>
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<p><b>Pump Type</b></p> <p>Circle one</p> <p>Air Lift _____</p> <p>Bucket _____</p> <p>Centrifugal _____</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>4-16-07</u></p> <p>Rated Pump Capacity: _____ Gallons Per Minute</p>	<p><b>Power Type</b></p> <p>Circle one</p> <p>Natural Gas _____</p> <p>Tractor PTO _____</p> <p>Hand _____</p> <p>Gasoline Engine _____</p> <p>Diesel Engine _____</p> <p>Electric Motor <u>Electric Motor</u></p> <p>Windmill _____</p> <p>Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1/2</u></p> <p>Setting Depth: <u>100'</u> feet</p> <p>Number of Stages: <u>8</u></p>
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<p><b>Well Owner Information</b></p> <p>Owner Name: <u>Well Reports</u></p> <p>Mailing Address: <u>Enterprise Rd</u></p> <p>City: <u>Liberty</u> State: <u>ms</u> Zip Code: _____</p> <p>Telephone No. ( ) _____</p>	<p><b>Well Location</b></p> <p>Latitude: <u>31° 9' 28.6"</u> Longitude: <u>90° 52' 12.1"</u></p> <p>Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____</p> <p><input type="checkbox"/> Hand-held GPS _____ <input type="checkbox"/> Survey-grade GPS _____</p> <p>USGS quad _____</p> <p>Distance _____ Direction _____ Nearest Town _____</p> <p>Miles _____ of _____</p>
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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:

Acquifer: \_\_\_\_\_

Well #: M-80

Elevation: \_\_\_\_\_

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)

Copy information from block on Part I

County: Amite

Permit #: \_\_\_\_\_

Driller: Fitzgerald Well Services

Date completed: 4-16-07

Part 2  
 STATE WELL REPORT