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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 Undreamed Telescoped Open hole Natural Development

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: \_\_\_\_\_ 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: 7-31-07

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 logs Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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: 7-31-07 Date drilling completed: 7-31-07 Hole depth: 150' Hole diameter: 7"

Well / Borehole Data

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: M-82

Well #: \_\_\_\_\_

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: Frederick Well Service

Date drilling completed: 7-31-07

Well or Borehole Location

Latitude: 31° 9' 53" Longitude: 90° 51' 45"

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

NE 1/4 Sec 1 Twn 2N Rng 3E

Distance \_\_\_\_\_ Miles Direction \_\_\_\_\_ of \_\_\_\_\_ Nearest Town \_\_\_\_\_

Information on Well Owner

(Landowner if borehole is not for a water well)

Owner Name: Pierre Eskay

Mailing Address: Lower Liberty Glotter Rd

City: Liberty State: MS Zip Code: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

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

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the  
 Form: OLWR-SWR-1A

Landowner Name: Pearce Estey

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.

If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth)	To (depth)
clay	0	20
clay	20	40
sand	40	60
clay	60	100
clay	100	120
clay	120	140
sand	140	150
loose sand	150	

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch

The sketch below only required for water wells

M-82

# 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)

For Office Use Only:

Aquifer:

Well #: M-82

Elevation:

Copy information from block on Part 1

County: Amite

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

Driller: Fitzgerald Well Service

Date completed: 7-31-07

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

Owner Name: Diane Estey

Mailing Address: Lower Liberty Cleared

City: Liberty MS

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

### Well Location

Latitude: 31° 51' 50" S Longitude: 90° 51' 45" S

Method of Lat/Long (check one):  Conventional Survey

USGS quad \_\_\_\_\_ Hand-held GPS \_\_\_\_\_ Survey-grade GPS \_\_\_\_\_

NE 1/4 Sec 1 T 2N R 3E

Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_

Miles \_\_\_\_\_ of \_\_\_\_\_

### Pump Type

Circle one

Air Lift  Jet  Submersible

Bucket  Piston  Turbine

Centrifugal  Rotary  Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 7-31-07

Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

### Power Type

Circle one

Diesel Engine  Gasoline Engine  Natural Gas

Electric Motor  Hand  Tractor PTO

Windmill  Other (specify): 3/4

Horse Power Rating of Motor: \_\_\_\_\_

Setting Depth: 130 feet

Number of Stages: 12

### 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

Circle one

Air Line  Electric Measuring Line  Steel Tape

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_

\_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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: Bud Fitzgerald

Form: OLWR-SWR-1B

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