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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: Allen Jones  
 Mailing Address: Enterprise Rd  
 City: Liberty MS  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No. (\_\_\_\_) \_\_\_\_\_

**Well / Borehole Data**  
 Date drilling started: 9-30-09 Date drilling completed: 9-30-09 Hole depth: 150' Hole diameter: 8"  
 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:  
 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: 101' feet above or below (circle one) land surface Date measured: 9-30-09  
 Method of Measurement (circle one):  steel tape  electric tape  air line  other:  
 Well depth: 150' Well grouted to a depth of 10' feet Type of grout (circle one):  Neat Cement  Bentonite  Mix  
 Casing length: 140' feet Casing diameter: 4" inches Type of casing: PVC  
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC  
 Screen slot size: 012 inches Setting depth: From 140' feet to 150' feet  
 Type of completion (circle all applicable):  Travel 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.*

For Office Use Only: M 92  
 Aquifer: \_\_\_\_\_  
 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: Fitzgerald Well Serv  
 Date drilling completed: 9-30-09

1192

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

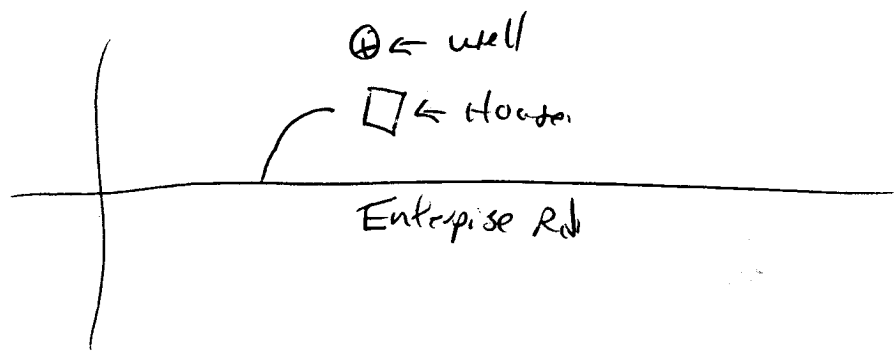
Ground Level →

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
gravel	20	80
clay	80	90
sand	90	120
clay	120	130
sand	130	140
course sand	140	150

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: Allen Jones

Form: OLWR-SWR-1A

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.

Print Name of Responsible Licensee and License No. Brad Fitzgerald 029 Date 9-30-09

Signature of Licensee [Signature]

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# 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: 9-30-09  
*Copy information from check on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-92  
 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>Allen Jones</u>	Latitude: <u>31° 10' 21.1"</u> Longitude: <u>90° 52' 14.9"</u>
Mailing Address: <u>Enterprise Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Liberty ms</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>9-30-09</u>	Setting Depth: <u>140'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line <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.

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

Form: OLWR-SWR-1B  
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