

BY: OLMWB
 JUN 17 2010
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 Form: OLMR-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 Underreamed 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: 148' Well grouted to a depth of 10' 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: 6-8-10

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, check 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: _____

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: 6-8-10 Date drilling completed: 6-8-10 Hole depth: 148' Hole diameter: 8"

Well / Borehole Data

Telephone No. () _____

City Liberty State _____ Zip Code _____

Mailing Address: Lower Liberty Clover Rd.

Owner Name: Melvin Gros.

(Landowner if borehole is not for a water well)

Information on Well Owner

Latitude: 31° 9' 52.9" N Longitude: 90° 51' 46.9" W

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

Distance _____ Miles Direction _____ of _____ Nearest Town _____

Township 2N Range 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: M94

Well #: _____

L. S. Elevation: _____

E-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: Etzgerald Wall Street

Date drilling completed: 6-8-10

RECEIVED
 JUN 17 2010
 BY: OLWR

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) Bird Eitzwald 029
 Signature of Pump Installer *Bird Eitzwald*

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 Air Line _____ Electric Measuring Line _____ Steel Tape <u>Circle one</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet hours of pumping _____ feet after _____
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Pump Type Circle one Air Lift _____ Bucket _____ Centrifugal _____ Other (specify): _____ Date Pump Installed: <u>6-8-10</u> Rated Pump Capacity: _____ Gallons Per Minute	Power Type Circle one Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ Tractor PTO _____ Hand _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>130</u> feet Number of Stages: <u>12</u>
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Well Owner Information Owner Name: <u>Melvin Cras</u> Mailing Address: <u>hour liberty Glover</u> City <u>liberty</u> State <u>ms</u> Zip Code _____ Telephone No. () _____	Well Location Latitude: <u>31° 9' 50.81" N</u> Longitude: <u>90° 51' 48.9" W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ Distance _____ Miles _____ Direction _____ Nearest Town _____ _____ of _____
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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 1 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:
 Aquifer: _____
 Well #: _____
 Elevation: _____

Part 2
 STATE WELL REPORT
 Mississippi Department of Environmental Quality
 Pump Installer's Completion Report
 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 1
 County: Amite
 Permit #: _____
 Driller: Eitzwald Well Serv
 Date completed: 6-8-10

m94