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Form: OLWR-SWR-1A (04/08)

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 Undrained 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): Neat Cement Bentonite Mix

Method of Measurement (circle one): Level tape electric tape air line other: _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: 1-3-11

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, skip the remainder of this block

Seismic Survey _____ Other (describe) _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump _____

Name of organization running log(s): _____

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: 1-3-11 Date drilling completed: 1-3-11 Hole depth: 90' Hole diameter: 8"

Well / Borehole Data

Information on Well Owner (Landowner if borehole is not for a water well)

Owner Name: Joe Jackson

Mailing Address: Berket Cusels Rd

City: Liberty State: MS Zip Code: _____

Telephone No. (_____) _____

Well or Borehole Location

Latitude: 31° 9' 41.3" Longitude: 90° 55' 12.9"

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

_____ 1/4 Sec 5 Twn 2N Rng. 3E

Distance _____ Miles of _____ Nearest Town _____

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: M95

Acquirer: _____

Well #: _____

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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Am. It

Permit #: _____

Driller: Stgerald Well Service

Date drilling completed: 1-3-11

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____

Well #: _____

Elevation: _____

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv.
 Date completed: 1-3-11
Copy information from block on Part 1

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>Joe Jackson</u>	Latitude: <u>31° 9' 41.3"</u> Longitude: <u>90° 55' 17.7"</u>
Mailing Address: <u>Berwick Cusset</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Liberty</u> <u>ms.</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>5</u> T <u>2N</u> R <u>3E</u>
Telephone No. () _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>1-3-11</u>	Setting Depth: <u>25'</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
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Brad Fitzgerald 024 Burd Field
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SM-10 (6/10)

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