

BY: OLWR

FEB 2 2 2011

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

**Well / Borehole Data**

Date drilling started: 2-8-11 Date drilling completed: 2-8-11 Hole depth: 110' 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 drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 45 feet above or below (circle one) land surface Date measured: 2-8-11  
 Method of Measurement (circle one):  steel tap \_\_\_\_\_ electric tape \_\_\_\_\_ air line \_\_\_\_\_ other: \_\_\_\_\_  
 Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_  
 Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC \_\_\_\_\_  
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC \_\_\_\_\_  
 Screen slot size: .010 inches Setting depth: From 100 feet to 110 feet  
 Type of completion (circle all applicable):  Gravel packed \_\_\_\_\_ Undreamed \_\_\_\_\_ 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*

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

Owner Name: Don Vine, \_\_\_\_\_  
 Mailing Address: Benwick Cassel Rd, \_\_\_\_\_  
 City: Centerville MS State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_

**Well or Borehole Location**

Latitude: 31° 6' 43" Longitude: 90° 55' 37.9"  
 Method of Lat/Long (circle one): Conventional Survey, \_\_\_\_\_  
 USGS quad, Hand-held GPS, Survey-grade GPS \_\_\_\_\_  
 5R 1/4 Sec 34 Twn 2N Rng 3E  
 Distance \_\_\_\_\_ Miles \_\_\_\_\_  
 Direction \_\_\_\_\_ 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**

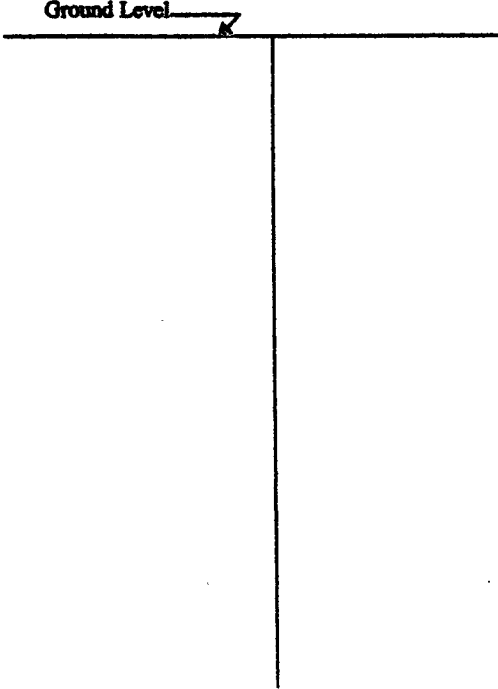
Aquifer: M96  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 2-8-11

The sketch below only required for water wells.

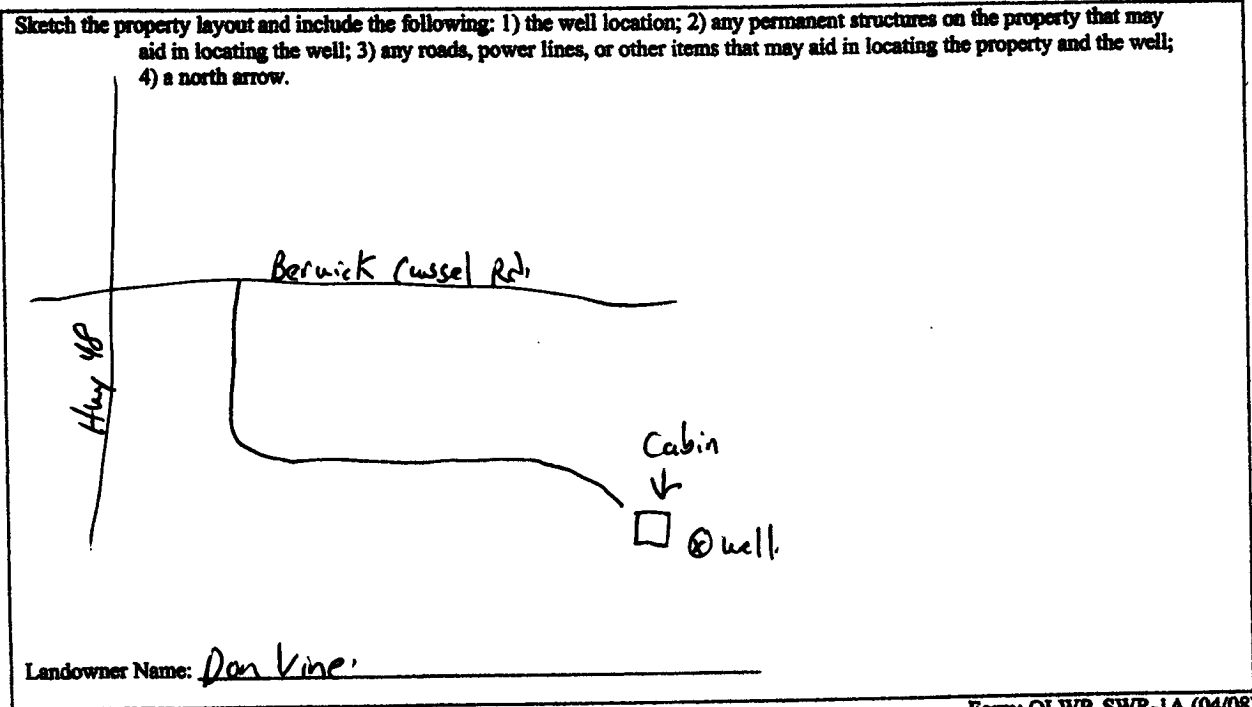
If well telecones, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
sand	20	40
gravel	40	60
clay	60	80
sand	80	100
coarse sand	100	110

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



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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.

Brad Fitzgerald 024 2-8-11  
 Print Name of Responsible Licensee and License No. Date

Paul Hild  
 Signature of Licensee

FEB 22 2011

BY: OLWR

Date:

I hereby represent and warrant that the information furnished on this form is true, correct and complete to the best of my knowledge and belief, and that I understand the contents of this form and the requirements of the...

FORM OF W-2-BLK-14 (07/02)

Responsible Name:

1) a north arrow

and in locating the well: 2) any roads, power lines, or other items that may affect the location of the well;

Sketch the property layout and include the following: 1) the well location; 2) any boundary easements on the property that may

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

Description of Formations Encountered	Depth (feet)	
	From (depth)	To (depth)

Sketch below and include all access... (mirrored from reverse side)

Sketch below and include all access... (mirrored from reverse side)

# 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 Service  
 Date completed: 2-8-11  
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>Don Vine</u>	Latitude: <u>31° 6' 43.2"</u> Longitude: <u>90° 55' 37.9"</u>
Mailing Address: <u>Berwick Cusset Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Centerville</u> <u>ms.</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>34</u> T <u>2N</u> R <u>3E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>2-8-11</u>	Setting Depth: <u>90</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 Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <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	

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.

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

Form: OLWR-SWR-1C (07-09)

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