

BY: OLWB

MAR 3 1 2005

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Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 3-4-05 Date well drilling completed: 3-4-05

If flowing, method of flow regulation: Valve _____ Other (describe): _____

Static Water Level: 100' feet above or below (circle one) hand surface Date measured: 3-4-05

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

Hole depth: 130' Well depth: 130' Well grouted to a depth of 10' feet

Type of grout (circle one): Mix Cement Bentonite

Casing length: 120' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 0.12 inches Setting depth: From 120' feet to 130' 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Print Name of Water Well Contractor and License No. Brad Fitzgerald 0091

Signature of Water Well Contractor Brad Fitzgerald

Well Owner Information

Owner Name: Brad Wilkerson

Mailing Address: Oleensburg Rd

City: Liberty MS State Zip Code _____

Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____

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

Distance _____ Miles _____ Direction South of Nearest Town Liberty

1/4 _____ 1/4 _____ 1/4 _____ 1/4 _____

Twn 2N Rng 4E

30 days of completion of drilling of the well.
 State Law requires that this report be prepared by the driller in detail and filed with the Department within

This should be done, but

For Office Use Only:

Acquirer: _____ Well #: N-132

L. S. Elevation: _____ E-Log #: _____

State Well Report
 Part I

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: Brad Fitzgerald

Date drilling completed: 3-4-05

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 #: N-132
 Elevation: _____

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date completed: 3-4-05
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>April Wilkinson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Greensburg 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 <u>16</u> T. <u>8N</u> R. <u>4E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>South</u> of <u>Liberty</u>

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>3-4-05</u>	Setting Depth: <u>125'</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	

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

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

Form: OLWR-S-0011

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