

County: Amite
 Permit #: _____
 Driller: Edgerald Well Serv
 Date drilling completed: 8-2-07

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)

For Office Use Only:
 Aquifer: _____
 Well #: N-199
 L. S. Elevation: _____
 E-log #: _____

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Bert Blacklock</u>	Latitude: <u>31° 8' 33.8"</u> Longitude: <u>90° 47' 25.4"</u>
Mailing Address: <u>Hwy 884</u>	Method of Lat/Long (circle one): <u>34</u> Conventional Survey, <u>25</u>
<u>Liberty</u> <u>ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>N6 1/4 N6 1/4</u> Sec <u>15</u> Twn <u>2N</u> Rng <u>4E</u>
Telephone No. ()	Distance Direction Nearest Town Miles of

Well / Borehole Data

Date drilling started: 8-2-07 Date drilling completed: 8-2-07 Hole depth: 95' Hole diameter: 7"

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: _____
 Name of organization running log(s): _____

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: water slide

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

Static Water Level: 51' feet above or below (circle one) land surface Date measured: 8-2-07

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

Well depth: 95' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 65' feet Casing diameter: 4" inches Type of casing: Pvc

Screen length: 30' feet Screen diameter: 4" inches Type of screen: Pvc

Screen slot size: 0.75/0.12/0.10 inches Setting depth: From 65' feet to 95' feet

Type of completion (circle all applicable): Gravel 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***

Form: OLWR-SWR-1A

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 BY: OLWR

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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 Fitzgerald 029
 Signature of Pump Installer: Bird Fitzgerald

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 _____
 Circle one Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet
 _____ feet after _____ hours of pumping

Pump Type
 Circle one
 Air Lift _____ Jet _____ Submersible _____
 Bucket _____ Piston _____ Turbine _____
 Centrifugal _____ Rotary _____ Flowing Well _____
 Other (specify): _____
 Date Pump Installed: 8-2-07
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one
 Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
 Hand _____ Tractor PTO _____
 Windmill _____ Other (specify): _____
 Horse Power Rating of Motor: 5
 Setting Depth: 80 feet
 Number of Stages: 1

Well Owner Information
 Owner Name: Beit Blacklock
 Mailing Address: Hwy 584
 City Liberty ms State _____ Zip Code _____
 Telephone No. () _____

Well Location
 Latitude: 31° 8' 33.8 Longitude: 90° 47' 25.4
 Method of Lat/Long (check one): Conventional Survey _____
 Hand-held GPS _____
 Survey-grade GPS _____
 Distance _____ Miles of _____
 Direction _____ Nearest Town _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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 #: N-149
 Elevation: _____

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 #: 1
 Driller: Fitzgerald Will Sorce
 Date completed: 8-2-07
 Copy information from block on Part I

STATE WELL REPORT