

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 11-20-07

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-153
 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>Jeff Robinson</u>	Latitude: <u>31.6206</u> Longitude: <u>90.42422</u>
Mailing Address: <u>Bushy Lane</u>	Method of Lat/Long (circle one): <u>21</u> Conventional Survey, <u>47</u>
<u>Liberty</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 30 Twn 2 N Rng 4 E</u>
Telephone No. () _____	Distance Direction Nearest Town Miles of _____

Well / Borehole Data

Date drilling started: 11-20-07 Date drilling completed: 11-20-07 Hole depth: 125' 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: _____

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

Static Water Level: 25' feet above or below (circle one) land surface Date measured: 11-20-07

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

Well depth: 125' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 115' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .012 inches Setting depth: From 115' feet to 125' 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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N-153

The sketch below only required for water wells.

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

If well telescopes, show depths on sketch.

Ground Level _____

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
sand	20	60
gravel	60	80
clay	80	100
sand	100	110
coarse sand	110	125

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Busby lane.

Landowner Name: Jeff Robinson.

Form: OLWR-SWR-1A

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 029

11-20-07

Brad Fitzgerald

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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)

County: Am. Jr.
Permit #: 1077-1-12345
Driller: [Signature]
Date completed: 11-20-07
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: N-153
Elevation: _____

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
Owner Name: Jeff Robinson
Mailing Address: Basby lane
liberty MS
City State Zip Code
Telephone No. () _____
Miles _____ of _____
Distance Direction Nearest Town

Well Location
Latitude: 31° 06' 20.6" Longitude: 90° 47' 47.2"
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
1/4 _____ 1/4 Sec _____ T _____ R _____

Pump Type Circle one		Power Type Circle one	
Air Lift	Jet	Diesel Engine	Natural Gas
Bucket	Piston	<u>Electric Motor</u>	Tractor PTO
Centrifugal	Rotary	Windmill	Other (specify): _____
Other (specify): _____	Flowing Well	Horse Power Rating of Motor: <u>3/4</u>	
Date Pump Installed: <u>11-20-07</u>		Setting Depth: <u>105'</u>	_____ feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute		Number of Stages: <u>12</u>	

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____		Air Line	<u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface		Electric Measuring Line	
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 _____	
Duration of Pump Test (minimum 4 hours): _____ hours		_____ feet after _____ hours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Brad F. Fitzgerald 029
Print Name of Pump Installer and License No. (if applicable)
[Signature]
Signature of Pump Installer

Form: OLWR-SWR-1B

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