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Form: OLWR-SWR-1A

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
 (Landowner if borehole is not for a water well)
 Owner Name: Damon Westbrook
 Mailing Address: Rustlin Lane
 City: Liberty State: MS Zip Code: _____
 Telephone No. () _____

Well / Borehole Data
 Date drilling started: 3-24-08 Date drilling completed: 3-24-08 Hole depth: 120' Hole diameter: 8"
 Location of the source of any surface water used for drilling and development: _____
 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 a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: _____ feet above or below (circle one) land surface Date measured: 3-24-08
 Method of Measurement (circle one) Steel tape electric tape air line other: _____
 Well depth: 120' Well grouted to a depth of 10' Type of grout (circle one) Neat Cement Bentonite Mix
 Casing length: 110' Casing diameter: 4" Type of casing: PVC
 Screen length: 10' Screen diameter: 4" Type of screen: PVC
 Screen slot size: 0.02 inches Setting depth: From 110' feet to 120' 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

For Office Use Only:
 Aquifer: N-151
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

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)

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 3-24-08

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): Brad Fitzgerald 029

Signature of Pump Installer: [Signature]

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| <p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown (B) - (A): _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p> | <p>Method of Measuring Water Level</p> <p>Air Line _____</p> <p>Electric Measuring Line _____</p> <p>Circle one</p> <p><u>Steel Tape</u></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet</p> <p>_____ feet after _____ hours of pumping</p> |
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| <p>Pump Type</p> <p>Circle one</p> <p><u>Submersible</u></p> <p>Air Lift _____</p> <p>Bucket _____</p> <p>Piston _____</p> <p>Turbine _____</p> <p>Flowing Well _____</p> <p>Centrifugal _____</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>3-24-08</u></p> <p>Rated Pump Capacity: <u>12</u> Gallons Per Minute</p> | <p>Power Type</p> <p>Circle one</p> <p>Diesel Engine _____</p> <p>Gasoline Engine _____</p> <p>Natural Gas _____</p> <p>Tractor PTO _____</p> <p>Hand _____</p> <p>Electric Motor <u>Electric Motor</u></p> <p>Windmill _____</p> <p>Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>3/4</u></p> <p>Setting Depth: <u>110</u> feet</p> <p>Number of Stages: <u>12</u></p> |
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| <p>Well Owner Information</p> <p>Owner Name: <u>Laura Westbrook</u></p> <p>Mailing Address: <u>Austin Lane</u></p> <p>City: <u>Liberty MS</u></p> <p>State: _____</p> <p>Zip Code: _____</p> <p>Telephone No. () _____</p> | <p>Well Location</p> <p>Latitude: <u>30° 8' 22.6"</u> Longitude: <u>90° 46' 26.5"</u></p> <p>Method of Lat/Long (check one): _____</p> <p>USGS quad _____</p> <p>Hand-held GPS _____</p> <p>Survey-grade GPS _____</p> <p>Distance _____ Miles</p> <p>Direction _____</p> <p>Nearest Town _____</p> |
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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.

For Office Use Only:

Aquifer: _____

Well #: N-156

Elevation: _____

Part 2

STATE WELL REPORT

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)

Copy Information from check on Part 1

County: Amite

Permit #: _____

Driller: Fitzgerald Well Serv

Date completed: 3-24-08