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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: Borthy Patterson
 Mailing Address: Greensburg Rd
 City: Liberty MS
 State: MS
 Zip Code: _____
 Telephone No. (____) _____

Well / Borehole Data
 Date drilling started: 1-22-09 Date drilling completed: 1-22-09 Hole depth: 128' Hole diameter: 8"
 Location of the source of any surface water used in 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 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: _____ feet above or below (circle one) hand surface _____ Date measured: 1-22-08
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 128' Well grouted to a depth of 10' Type of grout (circle one) Neat Cement Bentonite Mix _____
 Casing length: 118' Casing diameter: 4" inches Type of casing: PC
 Screen length: 10' Screen diameter: 4" inches Type of screen: PC
 Screen slot size: _____ inches Setting depth: From 118' feet to 128' feet
 Type of completion (circle all applicable): Gravel packed Undrained 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:

Acquirer: N-160
 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 Service
 Date drilling completed: 1-22-09

N-160

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow

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	60
clay	60	80
sand	80	100
coarse sand	100	128

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.

Landowner Name: Dorothy Patterson

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 0291 1-22-09 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)

For Office Use Only:

Aquifer: _____

Well #: N-160

Elevation: _____

County: Amite

Permit #: _____

Driller: Fitzgerald Wellfacer

Date completed: 1-22-09

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.

<p>Well Owner Information</p> <p>Owner Name: <u>Dorothy Patterson</u></p> <p>Mailing Address: <u>Greenburg Rd.</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>31° 0' 35.6"</u> Longitude: <u>90° 48' 1.5"</u></p> <p>Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____</p> <p>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____</p> <p>Distance _____ Miles _____ of _____</p> <p>Direction _____</p> <p>Nearest Town _____</p>
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<p>Pump Type</p> <p>Circle one</p> <p>Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/></p> <p>Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/></p> <p>Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/></p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>1-22-09</u></p> <p>Rated Pump Capacity: _____ Gallons Per Minute</p>	<p>Power Type</p> <p>Circle one</p> <p>Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/></p> <p>Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/></p> <p>Windmill <input type="checkbox"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1/2</u></p> <p>Setting Depth: <u>120</u> feet</p> <p>Number of Stages: <u>8</u></p>
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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>Circle one</p> <p>Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/></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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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): Bruce Fitzgerald 029

Signature of Pump Installer: Bruce Fitzgerald

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