

RECEIVED
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 BY: OLWR

Form: OLWR-SWR-1A (04/08)

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Type of completion (circle all applicable): Gravel packed _____ Other (describe): _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Screen length: _____ feet Screen diameter: _____ inches Type of screen: PC

Casing length: _____ feet Casing diameter: _____ inches Type of casing: PC

Well depth: 130 Well grouted to a depth of _____ feet Type of grout (circle one): Near Cement Bentonite Mix

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: 8-16-11

If a flowing well, method of flow regulation: Valve _____ Other (describe): extended casing above 8'

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

If drilling is not related to water well construction, skip the remainder of this block

Seismic Survey _____ Other (describe): _____

Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

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

Name of organization running log(s): _____

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: _____

Date drilling started: 8-16-11 Date drilling completed: 8-16-11 Hole depth: 130 Hole diameter: 8"

Well / Borehole Data

Information on Well Owner
 (Landowner if borehole is not for a water well)

Owner Name: Terrence Johnson

Mailing Address: County Farm Rd

City: Liberty State: MS Zip Code: _____

Telephone No. (_____) _____

Well or Borehole Location

Latitude: 31° 5' 26.4" Longitude: 90° 50' 53.3"

Method of Lat/Long (circle one): Conventional Survey, _____

USGS quad, Hand-held GPS, Survey-grade GPS

Distance _____ Miles Direction _____ of _____ Nearest Town

SR 38 % Sec 35 Twn 24 Rng 4E

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.

For Office Use Only:

Aquifer: N 168

Well #: _____

L. S. Elevation: _____

E-log #: _____

State Well Report
 Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Amite

Permit #: _____

Driller: Fitzgerald Well Serv

Date drilling completed: 8-16-11

RECEIVED
 SEP 07 2011
 BY: MME

Form: OLWR-SWR-1C (07/09)

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

This is for (circle one): New Well
 Replacement of Existing Pump
 Repair of Existing Pump

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

Pump Type
 Circle one
 Submersible
 Jet
 Air Lift
 Bucket
 Piston
 Turbine
 Flowing Well
 Centrifugal
 Other (specify): _____
 Date Pump Installed: 8-16-11
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one
 Diesel Engine
 Gasoline Engine
 Natural Gas
 Tractor PTO
 Hand
 Electric Motor
 Windmill
 Other (specify): _____
 Horse Power Rating of Motor: 1/2
 Setting Depth: 50 feet
 Number of Stages: 8

Well Owner Information
 Owner Name: Terimich Johnson
 Mailing Address: County Farm Rd
 City: Liberty State: MS Zip Code: _____
 Telephone No. () _____

Well Location
 Latitude: 31° 5' 26.4" Longitude: 91° 50' 53.8"
 Method of Lat/Long (check one): Conventional Survey
 Hand-held GPS
 Survey-grade GPS
 USGS quad _____, Direction _____ of _____
 Distance _____ Miles
 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 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Copy information from block on Part 1
 County: Amite
 Permit #: _____
 Driller: Fitzgerald Wellbore
 Date completed: 8-16-11

STATE WELL REPORT
 Part 2
 Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: N168
 Elevation: _____