

State Well Report
Part 1 - 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: 8-17-11

For Office Use Only:
 Aquifer: N 169
 Well #: _____
 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
 (Landowner if borehole is not for a water well)
 Owner Name: Shawn Carwith
 Mailing Address: 6 Spaw's Rd.
Liberty MS.
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: 31° 6' 39.8" Longitude: 90° 48' 43.8"
 Method of Lat/Long (circle one): 40 Conventional Survey, 44
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 NW 1/4 Sec 32 Twn 2N Rng 4E
 Distance _____ Miles _____ Direction _____ Nearest Town _____
 _____ of _____

Well / Borehole Data
 Date drilling started: 8-17-11 Date drilling completed: 8-17-11 Hole depth: 108' Hole diameter: 8"
 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: 83' feet above or below (circle one) land surface Date measured: 8-17-11
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 108' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 88' feet Casing diameter: 4" inches Type of casing: Pvc
 Screen length: 20' feet Screen diameter: 4" inches Type of screen: Pvc
 Screen slot size: 0.12/0.10 inches Setting depth: From 88' feet to 108' 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 (04/08)

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1. Name of the organization: _____
 2. Address: _____
 3. City: _____
 4. State: _____
 5. Zip: _____
 6. Telephone: _____
 7. Fax: _____
 8. E-mail: _____
 9. Website: _____
 10. Contact person: _____
 11. Title: _____
 12. Date: _____

13. Purpose of the visit: _____
 14. Duration of the visit: _____
 15. Name of the host: _____
 16. Name of the guest: _____
 17. Date of departure: _____
 18. Date of return: _____

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

19. Total number of visitors: _____
 20. Total number of rooms: _____
 21. Total number of beds: _____
 22. Total number of bathrooms: _____
 23. Total number of showers: _____
 24. Total number of showers: _____
 25. Total number of showers: _____

26. _____
 27. _____
 28. _____
 29. _____
 30. _____

31. _____
 32. _____
 33. _____
 34. _____
 35. _____
 36. _____
 37. _____
 38. _____
 39. _____
 40. _____

41. _____
 42. _____
 43. _____
 44. _____
 45. _____
 46. _____
 47. _____
 48. _____
 49. _____
 50. _____

85707032
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 02-09

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Signature of Pump Installer: [Signature]
 Print Name of Pump Installer and License No. (if applicable): Brad Fitzgerald 029
 Form: OLWR-SWR-10 (02-09)

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
Steel Tape
 Air Line
 Electric Measuring Line
 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
 Air Lift
 Jet
 Piston
 Turbine
 Bucket
 Centrifugal
 Other (specify): _____
 Date Pump Installed: 8-17-11
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one
Electric Motor
 Diesel Engine
 Gasoline Engine
 Natural Gas
 Tractor PTO
 Hand
 Windmill
 Other (specify): _____
 Horse Power Rating of Motor: 3/4
 Setting Depth: 105 feet
 Number of Stages: 1A

Well Owner Information
 Owner Name: Shawn Caruth
 Mailing Address: Spurs Rd.
 City: Liberty State: MS Zip Code: _____
 Telephone No. () _____

Well Location
 Latitude: 31° 06' 39.8" Longitude: 90° 48' 43.8"
 Method of Lat/Long (check one): Conventional Survey
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 Distance _____ Miles Direction _____ of _____ 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 #: N169
 Elevation: _____

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)

Copy information from block on Part I
 County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date completed: 8-17-11