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 MAY 15 2013
 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*

Other (describe): _____

Type of completion (circle all applicable): Gravel packed Undreamed Telescoped Open hole Natural Development

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: 120' Well grouted to a depth of _____ feet Type of grout (circle one): Neat 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: 4-10-13

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

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 _____

Name of organization running log(s): _____

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

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

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

Date drilling started: 4-10-13 Date drilling completed: 4-10-13 Hole depth: 120' Hole diameter: 8"

Well / Borehole Data

<p>Telephone No. () _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Mailing Address: <u>Liberty Ms.</u></p> <p>Owner Name: <u>Pam Blalock</u></p> <p>(Landowner if borehole is not for a water well)</p>	<p>Distance _____ Miles of _____ Direction _____ Nearest Town _____</p> <p>NW 1/4 NW 1/4 Sec 14 Twn 2N Rng 4E</p> <p>USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u></p> <p>Latitude: <u>31° 8' 30"</u> Longitude: <u>90° 47' 40"</u></p> <p>Well or Borehole Location</p>
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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: _____

Well #: N171

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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Amite

Permit #: _____

Driller: Fitzgerald Wellfire

Date drilling completed: 4-10-13

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 #: N171
 Elevation: _____

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date completed: 4-10-13
Conv. 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.

Well Owner Information

Owner Name: Ram Blacklock
 Mailing Address: Acikin LA.
Liberty MS
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30° 8' 30" Longitude: 90° 47' 4"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 _____ ¼ _____ ¼ Sec 14 T AK R 4E
 Distance _____ Miles _____ of _____
 Direction _____ Nearest Town _____

Pump Type	Power Type
Circle one	Circle one
Jet <input checked="" type="radio"/>	Gasoline Engine _____ Natural Gas _____
Piston _____	Hand _____ Tractor PTO _____
Rotary _____	Other (specify): _____
Flowing Well _____	Horse Power Rating of Motor: <u>3/4</u>
Other (specify): _____	Setting Depth: <u>10'</u> _____ feet
Date Pump Installed: <u>4-10-13</u>	Number of Stages: <u>12</u>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Electric Measuring Line _____ <input checked="" type="radio"/> Steel Tape _____
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

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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Brian Fitzgerald 024
 Print Name of Pump Installer and License No. (if applicable)

Brian Fitzgerald
 Signature of Pump Installer

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

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