

Form: OLWR-SWR-1A

Well / Borehole Data

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: Lafayette Thornton
 Mailing Address: Pokes School Rd.
 City: Liberty State: MS Zip Code: _____
 Telephone No. (____) _____

Well or Borehole Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

Distance: 8 Miles Direction: SE of Nearest Town: Liberty
 % Sec: 34 Twp: 2N Rng: 5E

Date drilling started: 4-6-06 Date drilling completed: 4-6-06 Hole depth: 116' 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: _____
 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: 85' feet above or below (circle one) land surface Date measured: 4-6-06
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 116' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix
 Casing length: 106' feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: .012 inches Setting depth: From 106' feet to 116' 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:

Acquirer: _____ Well #: Q-84 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: 4-6-06

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)

County: Amite
Permit #: _____
Driller: Fitzgerald Well Sence
Date completed: 4-6-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: Φ-84
Elevation: _____

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	Well Location
Owner Name: <u>Latashia Thornton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Bates School Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Liberty</u> <u>ms</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>34</u> T <u>2N</u> R <u>5E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>8</u> Miles <u>SE</u> of <u>Liberty</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>4-6-06</u>	Setting Depth: <u>105'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Brad Fitzgerald 0291 Brad Fitzgerald
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR/SWR/18
RECEIVED
APR 26 2006
BY: OLWR