

Form: OLWR-SWR-1A

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 Undertreated Telescoped Open hole Natural Development

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

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

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

Well depth: _____ feet 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: 1-21-08

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 _____

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

Name of organization running log(s): _____

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: 1-21-08 Date drilling completed: 1-21-08 Hole depth: 130' Hole diameter: 7"

Well / Borehole Data

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Katherine Stewart</u></p> <p>Mailing Address: <u>Keokuk Rd.</u></p>	<p>Telephone No. () _____</p> <p>City: <u>Liberty</u> State: <u>MS</u> Zip Code: _____</p>
<p>Well or Borehole Location</p> <p>Latitude: <u>31° 6' 48" N</u> Longitude: <u>90° 40' 30.6" W</u></p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u>, _____</p> <p>USGS quad, Hand-held GPS, Survey-grade GPS: _____</p> <p>NW 1/4 NE 1/4 Sec <u>35</u> Twn <u>22N</u> Rng <u>5E</u></p> <p>Distance _____ Miles Direction _____ of _____ Nearest Town</p>	<p>Well / Borehole Data</p> <p>Date drilling started: _____ Date drilling completed: _____</p> <p>Hole depth: _____ Hole diameter: _____</p>

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.

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: Fitgerald Well Log

Date drilling completed: 1-21-08

For Office Use Only:

Aquifer: _____ Well #: 2-90

L. S. Elevation: _____

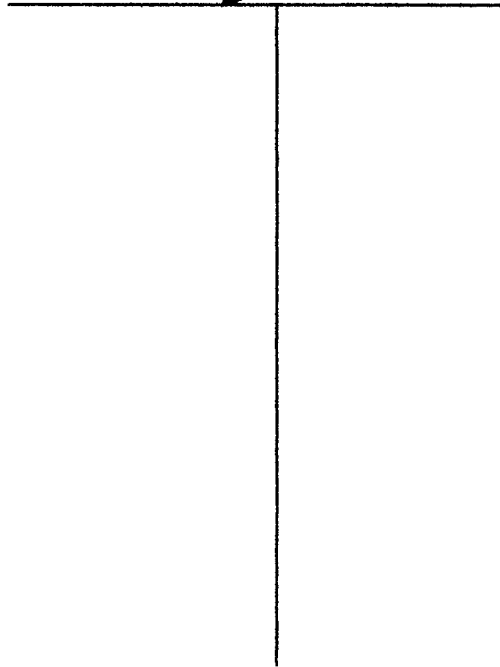
E-log #: _____

Q-90

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level

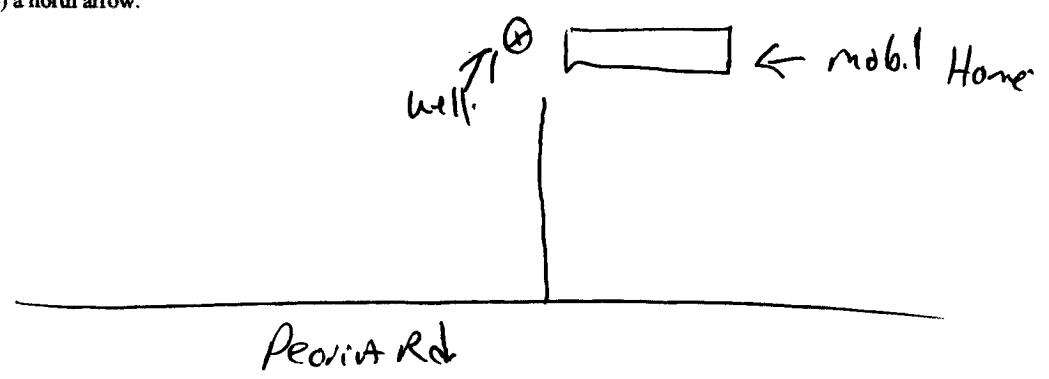


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
Sands	20	60
clay	60	90
Sands	90	110
Coar. Sands	110	130

If more than one screen, show location of each on sketch

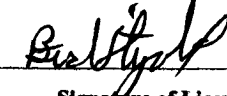
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: Katherine Stewart

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 1-29-07 
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

RECEIVED
 FEB 06 2008
 BY: OLWR

BY: OLWR
FEB 06 2008

RECEIVED

Form: OLWR-SWR-1B

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): Brad Ferguson
 Signature of Pump Installer: *Brad Ferguson*

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

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
 _____ feet after _____ hours of pumping

Pump Type

Circle one

Air Lift _____
 Bucket _____
 Centrifugal _____
 Other (specify): _____
 Date Pump Installed: _____
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Submersible _____
 Diesel Engine _____
 Gasoline Engine _____
 Hand _____
 Tractor PTO _____
 Natural Gas _____
 Windmill _____
 Other (specify): _____
 Horse Power Rating of Motor: _____
 Setting Depth: _____ feet
 Number of Stages: _____

Well Owner Information

Owner Name: Katherine Stewart
 Mailing Address: Levitt Rd.
 City: Liberty State: MS. Zip Code: _____
 Telephone No. () _____

Well Location

Latitude: 31° 6' 4.8" Longitude: 90° 40' 30.6"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 Distance _____ Miles _____ of _____
 Direction _____ 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:

Permit #: _____
 Driller: Everald Wellfange
 Date completed: 1-21-08
 County: Amite

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)

Part 2
STATE WELL REPORT

Agitator: _____
 Well #: 2-90
 Elevation: _____

Copy information from back on Part I