

County: Amite
Permit #: _____
Driller: Fitzgerald Wellborn
Date drilling completed: 3-12-13

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)

For Office Use Only:
Aquifer: _____
Well #: Ø 104
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: Tyrone Tharnter
Mailing Address: Bates school Rd,
Liberty MS.
City: _____ State: _____ Zip Code: _____
Telephone No. () _____

Well or Borehole Location
Latitude: 31° 5' 41.2" Longitude: 90° 41' 48.6"
Method of Lat/Long (circle one): 42 Conventional Survey, _____
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 NW 1/4 Sec 34 Twn 2N Rng 5E
Distance _____ Miles of _____
Direction _____ Nearest Town _____

Well / Borehole Data

Date drilling started: 3-12-13 Date drilling completed: 3-12-13 Hole depth: 107' 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: 25' feet above or below (circle one) land surface Date measured: 3-12-13

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

Well depth: 107' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 97' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: AC

Screen slot size: .010 inches Setting depth: From 97' feet to 107' 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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Signature of Licensee

Date

Print Name of Responsible Licensee and License No.

Reddy

3-18-13

Lawyer, David F. Bird

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

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

Landowner Name: Tyrons Thornton

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.

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

Description of Formations Encountered	From (depth)	To (depth)
Clay	0	20
Sand	20	40
Clay	40	80
Sand	80	90
Clay	90	107

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

If well screens, show depths on sketch

Ground Level

The sketch below only required for water wells

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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 #: Ø104
 Elevation: _____

County: Amite
 Permit #: _____
 Driller: Fitzgerald Wellbore
 Date completed: 3-18-13
Copy 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: Tyrene Thornton
 Mailing Address: Butter School Rd
Liberty City MS State Zip Code _____
 Telephone No. () _____ of _____ Nearest Town _____

Well Location

Latitude: 31° 5' 41.7" Longitude: 90° 41' 48.6"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 _____ ¼ _____ ¼ Sec 34 T SE

Pump Type Circle one Jet <input checked="" type="radio"/> Submersible Piston Rotary Other (specify): _____	Power Type Circle one Gasoline Engine Hand Other (specify): <u>3/4</u>
Air Lift Bucket Centrifugal Other (specify): _____	Natural Gas Tractor PTO
Date Pump Installed: <u>3-18-13</u>	Horse Power Rating of Motor: _____ feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Setting Depth: <u>100'</u> feet Number of Stages: <u>12</u>

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

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.

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

Reddy
 Signature of Pump Installer

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

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