

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 2-8-06

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)

For Office Use Only:
 Aquifer: _____
 Well #: P-71
 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)	Well or Borehole Location
Owner Name: <u>Ernest Lockham</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Claude Smith Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Magnolia</u> ms. _____	_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>2N</u> Rng <u>6E</u>
City _____ State _____ Zip Code _____	Distance _____ Miles Direction <u>West</u> of Nearest Town <u>Magnolia</u>
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 2-8-06 Date drilling completed: 2-8-06 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: 65' feet above or below (circle one) land surface Date measured: 2-8-06

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: 98' 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 98' 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

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 BY: OLWR

RECEIVED
 FEB 22 2006
 BY OLWB

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): Brind Fitzgerald 009
 Signature of Pump Installer: Brind Fitzgerald

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 _____
 Circle one

Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____
 hours after _____ feet after _____ hours of pumping

Pump Type

Circle one

Submersible _____
 Jet _____
 Piston _____
 Turbine _____
 Air Lift _____
 Bucket _____
 Centrifugal _____
 Rotary _____
 Flowing Well _____

Other (specify): _____
 Date Pump Installed: 2-8-06
 Rated Pump Capacity: 12 Gallons Per Minute

Power Type

Circle one

Diesel Engine _____
 Gasoline Engine _____
 Hand _____
 Tractor PTO _____
 Natural Gas _____
 Electric Motor _____
 Windmill _____
 Other (specify): _____

Horse Power Rating of Motor: 1/2
 Setting Depth: 95 feet
 Number of Stages: 8

Well Owner Information

Owner Name: Ernest Cocherham
 Mailing Address: Clarksouth Rd
 City: Meridian MS State: _____ Zip Code: _____
 Telephone No. () _____

Well Location

Latitude: _____
 Longitude: _____
 Method of Lat/Long (check one): Conventional Survey _____
 Hand-held GPS _____
 Survey-grade GPS _____
 USGS quad _____
 Distance _____ Miles _____
 Direction _____
 Nearest Town _____
West of Meridian

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 #: P-71
 Elevation: _____

Part 2
 STATE WELL REPORT

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 Will serve
 Date completed: 2-8-06
 Copy information from block on Part I