

Form: OLWR-SWR-1A

Well / Borehole Data

Date drilling started: 9-8-09. Date drilling completed: 9-8-09. Hole depth: 118'. Hole diameter: 8"

Location of the source of any surface water used in drilling and development: _____

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

Static Water Level: 56 feet above or below (circle one) land surface. Date measured: 9-8-09

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

Well depth: 118 feet. Well grouted to a depth of 10 feet. Type of grout (circle one): neat cement Bentonite Mix

Casing length: 108 feet. Casing diameter: 4 inches. Type of casing: PVC

Screen length: 10 feet. Screen diameter: 4 inches. Type of screen: PVC

Screen slot size: 1/8 inches. Setting depth: From 108 feet to 118 feet. Type of completion (circle all applicable): gravel packed Underrammed 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*

Well / Borehole Data

Information on Well Owner (Landowner if borehole is not for a water well): Robby Holes

Owner Name: _____

Mailing Address: _____

City: Magnolia MS State: _____ Zip Code: _____

Telephone No. () _____

Latitude: 31° 6' 52.2" Longitude: 90° 34' 25.0" Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

Distance _____ Miles Direction _____ of _____ Nearest Town _____

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:

Agenter: _____ Well #: P94 L. S. Elevation: _____ E-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: Eitzwald Wellbore

Date drilling completed: 9-8-09

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)

For Office Use Only:

Aquifer: _____

Well #: P94

Elevation: _____

County: Amite

Permit #: _____

Driller: Fitzgerald Wellbore

Date completed: 9-8-09

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: Robby Hales

Mailing Address: _____

City: McGallia MS State: _____ Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 6' 52.2" Longitude: 90° 34' 25.2"

Method of Lat/Long (check one): Conventional Survey USGS quad Hand-held GPS Survey-grade GPS

Distance _____ Direction _____ Nearest Town _____

Miles _____ of _____

Pump Type

Circle one

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

Other (specify): _____

Date Pump Installed: 9-8-09

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

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

Horse Power Rating of Motor: 3/4

Setting Depth: 100 feet

Number of Stages: 12

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

_____ feet after _____ hours of pumping

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

Signature of Pump Installer

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

Form: OLWR SWR-18

RECEIVED

SEP 21 2009

BY: OLWR