

RECEIVED
 MAY 15 2013
 BY: OLMWR

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

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 Undrained 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: 108' 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: 4-11-13

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.

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____

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

Name of organization running logs: _____

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: _____

Date drilling started: 4-11-13 Date drilling completed: 4-11-13 Hole depth: 108' Hole diameter: 8"

Well / Borehole Data

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

Owner Name: Tray Duke

Mailing Address: Stampers Rd

City: Magnolia MS State: _____ Zip Code: _____

Telephone No. (_____) _____

Well or Borehole Location

Latitude: 31° 7' . 21" N Longitude: 90° 37' . 31" W

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

NE 1/4 Sec _____ 20' of _____ Twn _____ Rng _____

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:

Acquirer: _____

Well #: P107

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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Amite

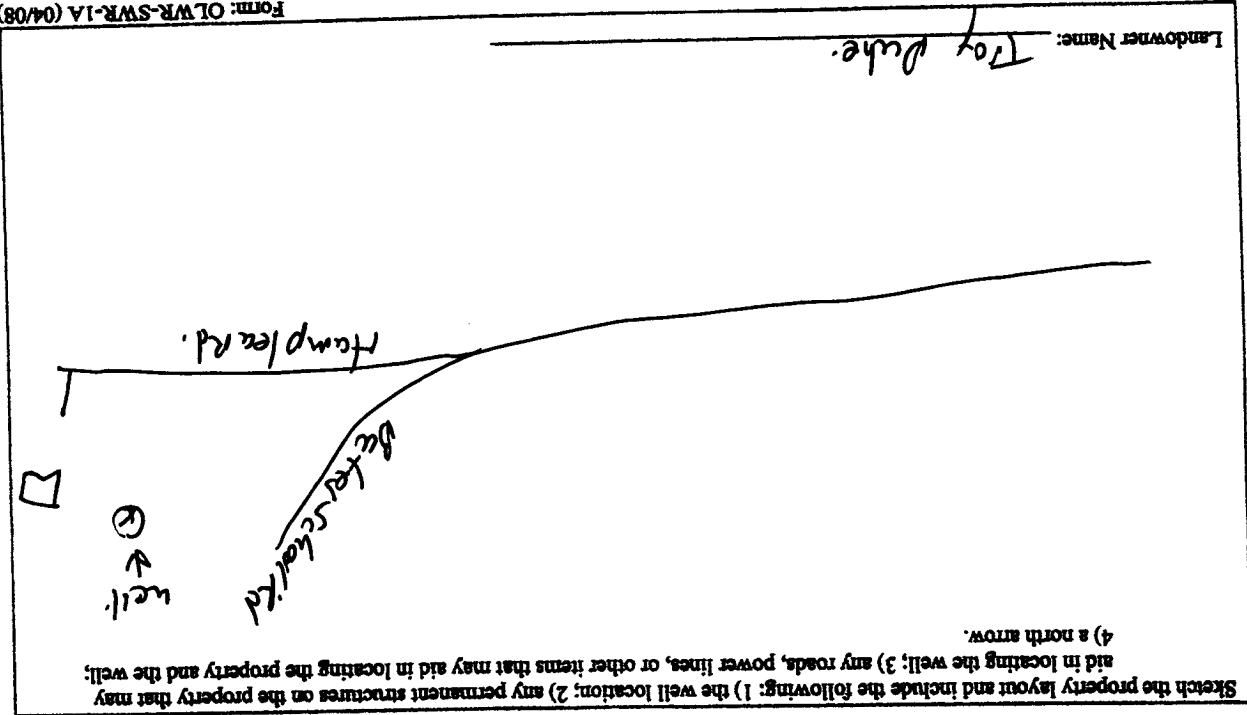
Permit #: _____

Driller: Figerald Well Service

Date drilling completed: 4-11-13

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

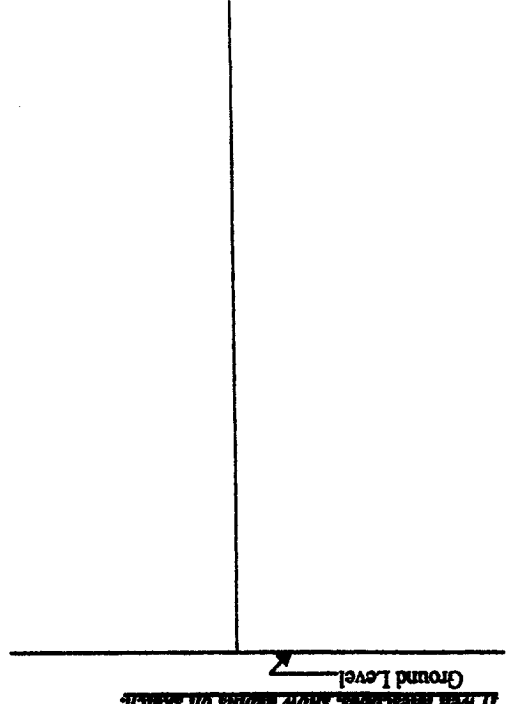
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If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth)	To (depth)
Clay.	0	20
Sand.	20	40
Silt.	40	60
Clay.	60	80
Sand.	80	90
Clay Sand	90	100

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



If well screens, show depths on sketch

The sketch below only required for water wells

BY: OLWR

MAY 15 2013

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

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Signature of Pump Installer: *[Signature]*
 Print Name of Pump Installer and License No. (if applicable): *Brad Fitzgerald 024*

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Pump Type
 Circle one: Submersible Air Lift Bucket Centrifugal
 Other (specify): _____
 Date Pump Installed: *4-11-13*
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one: Diesel Engine Gasoline Engine Natural Gas
 Other (specify): _____
 Horse Power Rating of Motor: *1*
 Setting Depth: *90'* feet
 Number of Stages: *8*

Well Owner Information
 Owner Name: *Troy Duke*
 Mailing Address: *Hamples Rd.*
 City: *Magnolia MS*
 State: _____ Zip Code: _____
 Telephone No. () _____

Well Location
 Latitude: *31° 7' 21" N*
 Longitude: *90° 37' 3.11" W*
 Method of Lat/Long (check one): Conventional Survey Hand-held GPS Survey-grade GPS
 USGS quad: _____
 Distance _____ Miles Direction _____ of _____ 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 1 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 #: *P107*
 Elevation: _____

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)

Copy information from block on Part 1
 Date completed: *4-11-13*
 Driller: *Brad Fitzgerald*
 Permit #: _____
 County: *Amite*