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 MAY 15 2013
 BY: OLWF

Form: OLWR-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 Underrammed Telescoped Open hole Natural Development

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

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

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

Well depth: 183 Well grouted to a depth of _____ feet Type of grout (circle one): Keat 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: 4-18-13

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: _____

Date drilling started: 4-18-13 Date drilling completed: 4-18-13 Hole depth: 183 Hole diameter: 8"

Well / Borehole Data

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

Owner Name: Jones Perkins

Mailing Address: Perkins Rd

City: Liberty State: MS Zip Code: _____

Telephone No. (_____) _____

Well or Borehole Location

Latitude: 31° 2' 5.6" Longitude: 90° 58' 8.5"

Method of Lat/Long (circle one): Conventional Survey 08

USGS quad, Hand-held GPS, Survey-grade GPS

N 1/4 SW 1/4 Sec 29 T 14 N R 10 E

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 #: 043

L. S. Elevation: _____

E-log #: _____

State Well Report
 Part I - 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: Fitzgerald Wilfong

Date drilling completed: 4-18-13

BY: OLWR

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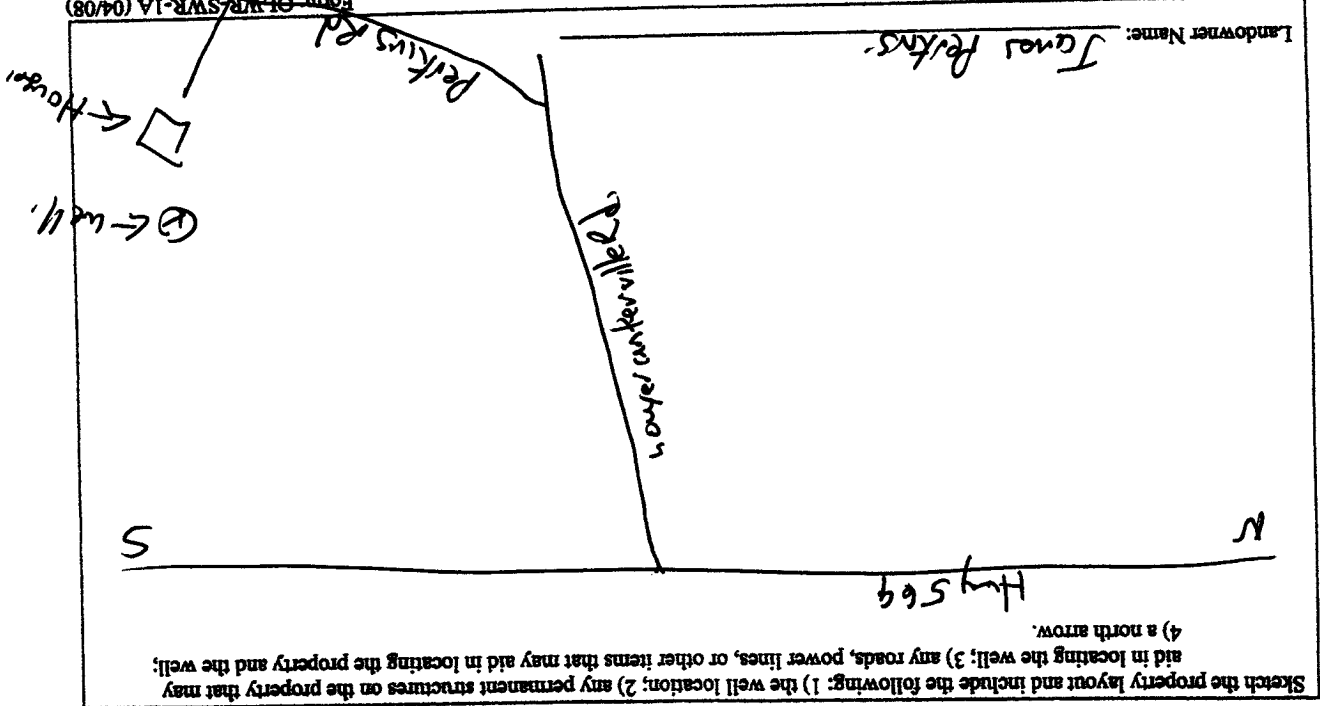
Signature of Licensee

Date

Print Name of Responsible Licensee and License No.

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.

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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
Clay.	20	40
Sand.	40	60
Sand.	60	100
Sand.	100	120
Sand.	120	140
Sand.	140	160
Sand.	160	170
Sand.	170	183

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

If well telescopes, show depths on sketch

The sketch below only required for water wells

Q43

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

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

Air Line _____

Circle one: Steel Tap

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 _____

Piston _____

Turbine _____

Flowing Well _____

Rotary _____

Centrifugal _____

Other (specify): _____

Date Pump Installed: 4-18-13

Rated Pump Capacity: 20 Gallons Per Minute

Power Type

Circle one: Electric Motor

Diesel Engine _____

Gasoline Engine _____

Natural Gas _____

Hand _____

Tractor PTO _____

Other (specify): _____

Horse Power Rating of Motor: 1

Windmill _____

Setting Depth: 150 feet

Number of Stages: 8

Well Owner Information

Owner Name: James S. Perkins

Mailing Address: Perkins Rd.

City: Liberty ms

State: _____ Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 2' 5.6" Longitude: 90° 58' 8.5"

Method of Lat/Long (check one): Conventional Survey

USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____

Distance _____ Miles _____ 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 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 #: 043

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)

County: Am. Co.

Permit #: _____

Driller: Fitzgerald Well Drilling

Date completed: 4-18-13

Copy information from block on Part 1