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MAY 25 2010
BY: OLWB

Form: OLWR-SWR-1A

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: Jeff Lewis
Mailing Address: Lowranceville Rd.
City: Liberty State: _____ Zip Code: _____
Telephone No. (____) _____

Well / Borehole Data

Date drilling started: 5-10-10 Date drilling completed: 5-10-10 Hole depth: 128' 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: _____
Name of organization running log(s): _____
Logs run (circle all applicable): No Logs 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 drilling is not related to water well construction, check 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: _____ feet above or below (circle one) land surface Date measured: 5-10-10
Method of Measurement (circle one): Total Pipe Electric Tape Air Line Other: _____
Well depth: 128' Well grouted to a depth of 10' Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 113' Casing diameter: 4" inches Type of casing: PVC
Screen length: 15' Screen diameter: 4" inches Type of screen: PVC
Screen slot size: 0.12/010 inches Setting depth: From 113' feet to 128' feet
Type of completion (circle all applicable): Gravel pack 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*

For Office Use Only:

Aquifer: R 99
Well #: _____
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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Amite
Permit #: _____
Driller: Eitzwald Well Drilling
Date drilling completed: 5-10-10

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)

County: Amite
 Permit #: _____
 Driller: Fitzgerald well serv
 Date completed: 5-10-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: R77
 Elevation: _____

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	Well Location
Owner Name: <u>Jeff Lewis</u>	Latitude: <u>31° 3' 8.5"</u> Longitude: <u>90° 52' 50.4"</u>
Mailing Address: <u>Lower Co. Laulie Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Chalme</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>5-10-10</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Bud Fitzgerald Dr. Paul Hill
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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