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Form: OLWR-SWR-1A

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): Cased packer Underreamed 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: _____ feet Well grouted to a depth of _____ feet Type of grout (circle one): Near Cement Bentonite Mix

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: 9-14-10

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, check 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 logs Electric Gamma Ray Density Sonic Neutron Other: _____

Method of dosing and volume of Chlorine used in drilling and development: _____

Location of the source of any surface water used for drilling: _____

Date drilling started: 9-14-10 Date drilling completed: 9-14-10 Hole depth: 150' Hole diameter: 8"

Well / Borehole Data

Telephone No. () _____

City Liberty State MS Zip Code _____

Mailing Address: Hooper Rd

Owner Name Joseph Law

(Landowner if borehole is not for a water well)

Latitude: 31° 0' 36.2" Longitude: 90° 45' 31.9"

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

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

5W NE 36 Sec. 25 Twp 1N Rng 4E

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:

Aquifer: SS

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

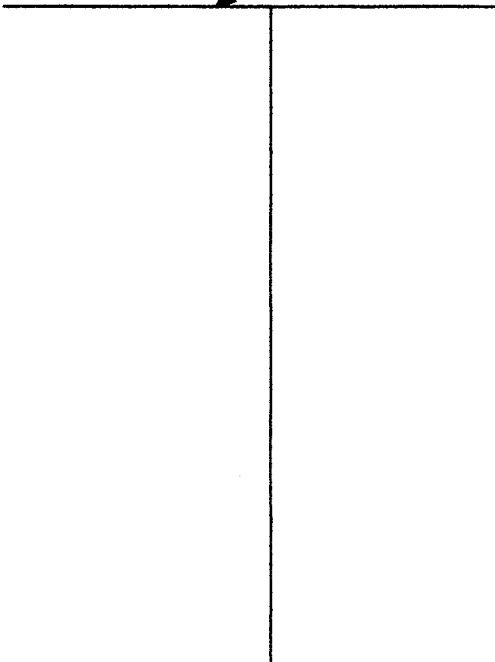
Permit #: _____

Driller: Fitzgerald, Wellbore

Date drilling completed: 9-14-10

If well telescopes, show depths on sketch.

Ground Level →



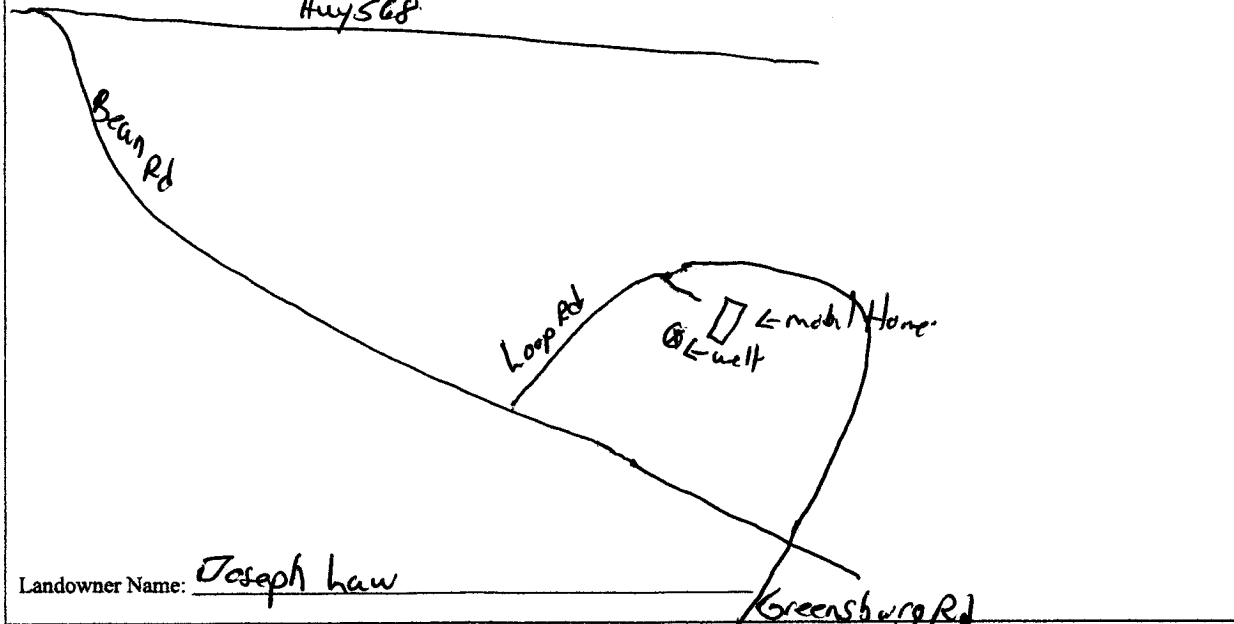
Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20
Shovel Sand	20	40
Sand	40	60
Clay	60	110
Sand	110	140
Coarse Sand	140	150

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Gilbert



Landowner Name: Joseph Law

Form: OLWR-SWR-1A

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.

Brad Fitzgerald 029

9-14-10

Brad Fitzgerald

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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 #: _____
Elevation: _____

Copy information from block on Part 1

County: Amite
Permit #: _____
Driller: Fitzgerald Wellbore
Date completed: 9-14-10

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: Joseph Law
Mailing Address: Loop Rd
City: Liberty ms
State: _____
Zip Code: _____
Telephone No. () _____

Well Location

Latitude: 30° 0' 36.2" Longitude: 90° 45' 31.9"
Method of Lat/Long (check one): Conventional Survey
USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Distance _____ Miles _____ of _____
Direction _____
Nearest Town _____

Pump Type

Circle one
Air Lift Jet Submersible
Bucket Piston Turbine Flowing Well
Centrifugal Rotary Windmill

Power Type

Circle one
Diesel Engine Electric Motor Gasoline Engine Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 3/4
Setting Depth: 110 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
_____ hours after _____ hours of pumping

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 Fitzgibbon 024

RECEIVED Form: OCT 4 2010

BY: OLMR

OCT 04 2010