

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): Gravel packed  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: PVC

Casing length: \_\_\_\_\_ feet Casing diameter: \_\_\_\_\_ inches Type of casing: PVC

Well depth: \_\_\_\_\_ feet Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Method of Measurement (circle one): Steel Taps  electric tape  air line  other: \_\_\_\_\_

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface 82' Date measured: 9-3-09

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.*

Seismic Survey \_\_\_\_\_ Other (describe): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump

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

Name of organization running log(s): \_\_\_\_\_

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: 9-3-09 Date drilling completed: 9-3-09 Hole depth: 119' Hole diameter: 8"

Well / Borehole Data

Telephone No. ( ) \_\_\_\_\_

City Liberty State MS Zip Code \_\_\_\_\_

Mailing Address: Martin Rd

Owner Name Lille Robinson

*(Landowner if borehole is not for a water well)*

Information on Well Owner \_\_\_\_\_

Latitude: 31° 3' 46.4" N Longitude: 90° 41' 16" W

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

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

NW 1/4 SE 1/4 Sec 10 Twn 1N Rng 5E

Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_

Miles \_\_\_\_\_ of \_\_\_\_\_

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: \_\_\_\_\_

Well #: T70

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

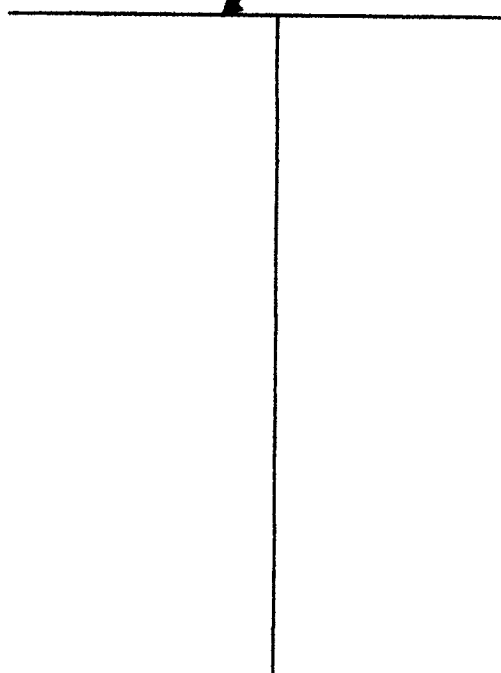
Permit #: \_\_\_\_\_

Driller: Fitzgerald Well Serv

Date drilling completed: 9-3-09

The sketch below only required for water wells

If well telescopes, show depths on sketch  
Ground Level  $\leftarrow$



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
clay	20	40
sand	40	60
gravel	60	80
sand	80	100
course sand	100	119

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.

Martin Rd.

House  $\rightarrow$

$\odot$   $\leftarrow$  well

Landowner Name: Lille Robinson

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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      9-3-09      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)

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald well serv  
 Date completed: 9-3-09  
*Copy information from check on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: T70  
 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>Lille Robinson</u>	Latitude: <u>31° 3' 46.1"</u> Longitude: <u>90° 41' 16"</u>
Mailing Address: <u>martin Rd</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____ <small>46</small>
<u>Liberty</u> <u>MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 10 T 1 N R 5 E</u>
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>3/4</u>
Date Pump Installed: <u>9-3-09</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

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.

Broad Fitzgerald      029      Paul Styrud  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OLWR-SWR-1R

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