

Top of tap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Type of completion (circle all applicable): Gravel packed _____ Underrammed _____ Telescoped _____ Open hole _____ Natural Development _____ Other (describe): _____

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 tape _____ electric tape _____ air line _____ other _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: 10-15-09

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

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: _____

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: 10-15-09 Date drilling completed: 10-15-09 Hole depth: 77' Hole diameter: 8"

Well / Borehole Data

Telephone No. () _____

City _____ State _____ Zip Code _____

Mailing Address: _____

Owner Name ANVILS H&F _____

(Landowner if borehole is not for a water well)

Latitude: 31° 3' 28.7" Longitude: 90° 43' 0.3"

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

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

SW 5 W 1 N 9 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: 171

Well #: _____

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: Erzgrubel Well Service

Date drilling completed: 10-15-09

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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:

Acquirer: TL

Well #: _____

Elevation: _____

County: Amite

Permit #: _____

Driller: Fitzgerald Wellbore

Date completed: 10-15-09

Copy information from check on Part 1

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: Morris Hark

Mailing Address: wall st

City: Liberty State: MS Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 3' 28.7" Longitude: 90° 43' 0.3"

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

1/4 1/2 3/4 Section

Direction: _____

Distance: _____ Miles of _____

Nearst Town: _____

Pump Type

Circle one

Air Lift Jet Submersible Turbine Piston Bucket Centrifugal Rotary Flowing Well Windmill Other (specify): _____

Power Type

Circle one

Diesel Engine Gasoline Engine Hand Tractor PTO Electric Motor Windmill Other (specify): _____

Horse Power Rating of Motor: 1/2

Setting Depth: 60 feet

Number of Stages: 8

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

_____ feet after _____ hours of pumping

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

Print Name of Pump Installer and License No. (if applicable): Bill Fitzgerald 039

Signature of Pump Installer: [Signature]

Form: OLWR-SWR-1B