

**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 Well Service
 Date drilling completed: 9-10-07

For Office Use Only:

Aquifer: _____
 Well #: U-93
 L. S. Elevation: _____
 E-log #: _____

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Scot Strawn</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>McMilligan Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Liberty</u> State: <u>MS</u> Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>29</u> Twn <u>1N</u> Rng <u>6E</u>
Telephone No. (____) _____	Distance <u>2</u> Miles Direction <u>East</u> of Nearest Town <u>Gilburg</u>

Well / Borehole Data

Date drilling started: 9-10-07 Date drilling completed: 9-10-07 Hole depth: 122' Hole diameter: 7"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

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, skip 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: 60' feet above or below (circle one) land surface Date measured: 9-10-07

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

Well depth: 122' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 102' feet Casing diameter: 4" inches Type of casing: PC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 010/012 inches Setting depth: From 102' feet to 122' feet

Type of completion (circle all applicable): Gravel packed 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*

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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: _____

Well #: W-93

Elevation: _____

County: Amite

Permit #: _____

Driller: Fitzgerald Well Service

Date completed: 9-10-07

Copy information from block 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: Scott Strawn

Mailing Address: McWilliam Rd.

City: Liberty MS State: _____ Zip Code: _____

Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____

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

USGS quad _____ Hand-held GPS _____

Distance _____ Direction _____ Nearest Town _____

Distance 2 Miles East of Gilburg

Pump Type

Circle one

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

Date Pump Installed: 9-10-07

Rated Pump Capacity: _____ Gallons Per Minute

Other (specify): _____

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas Hand Tractor PTO Windmill Other (specify): _____

Horse Power Rating of Motor: 2

Setting Depth: 100 feet

Number of Stages: 2

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) Brad Fitzgerald 004

Signature of Pump Installer Brad Fitzgerald

Form: OLWR-SWR-1B

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