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Form: OLWR-SWR-1A

Well / Borehole Data

Date drilling started: 7-17-08 Date drilling completed: 7-17-08 Hole depth: 110' 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: _____
 Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running logs: _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 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: 40' feet above or below (circle one) land surface Date measured: 7-17-08

Method of Measurement (circle one): Steel Tap _____ electric tape _____ air line _____ other: _____
 Well depth: 110' Well grouted to a depth of 10' feet Type of grout (circle one): Neal Cement _____ Bentonite _____ Mix _____

Casing length: 90' feet Casing diameter: 4" inches Type of casing: PVC _____
 Screen length: 80' feet Screen diameter: 4" inches Type of screen: PVC _____
 Screen slot size: 0 1/2 inches Setting depth: From 90' feet to 110' feet

Type of completion (circle all applicable): Gravel packed _____ Underscreened _____ 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

Information on Well Owner
 (Landowner if borehole is not for a water well)

Owner Name: Mike Skrawn
 Mailing Address: W. Milligan Rd.
 City: Osyka MS Zip Code: _____
 Telephone No. () _____

Well or Borehole Location

Latitude: 30° 1' 23" Longitude: 90° 36' 52.3" S7
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
 5E NE 1/4 Sec 29 Twn 1N Rng 6E
 Direction of _____ of _____
 Distance _____ Miles _____
 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: _____
 Well #: U102
 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
 Driller: Fitzgerald Well Serv
 Date drilling completed: 7-17-08

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 #: 4103

Elevation: _____

County: Amite

Permit #: _____

Driller: Fitzgerald Well Service

Date completed: 7-17-09

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: Mike Skarn

Mailing Address: McMillan Rd

City: Ostka MS State: _____ Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 23' 11" Longitude: 90° 36' 52.3"

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

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

SE 1/4 NE 1/4 Sec 29 T1N R10E

Distance _____ Direction _____ Nearest Town _____

Miles _____ of _____

Pump Type

Circle one

Air Lift _____ Jet _____ Piston _____ Turbine _____

Bucket _____

Centrifugal _____ Rotary _____ Flowing Well _____

Other (specify): _____

Date Pump Installed: 7-17-09

Rated Pump Capacity: 35 Gallons Per Minute

Power Type

Circle one

Diesel Engine _____ Electric Motor _____

Gasoline Engine _____ Hand _____ Tractor PTO _____

Windmill _____ Other (specify): _____

Horse Power Rating of Motor: 3

Setting Depth: 80 feet

Number of Stages: _____

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 after _____ hours of pumping

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Bob Skarn

7-17-09 *030* *Bud Fitzgerald*