

BY:OLWR

OCT 15 2010

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Form: OLWR-SWR-1A

Top of lap pipe or reduction in casing: _____ feet. *[Telescoped or more than one screen, describe on next page]*

Other (describe): _____

Type of completion (circle all applicable): Aravel packed Underrammed 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 tape electric tape air line other: _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: 10-4-10

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, 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: 10-4-10 Date drilling completed: 10-4-10 Hole depth: 126' Hole diameter: 8"

Well / Borehole Data

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

Owner Name: Andy Coy

Mailing Address: PP Wilson Rd

City: Liberty State: MS Zip Code: _____

Telephone No. (_____) _____

Well or Borehole Location

Latitude: 31° 3' 35.1" Longitude: 90° 36' 49.4"

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

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

50' 54" Sec 9 Twn 1N Rng 6E

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: U 114

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 #: _____

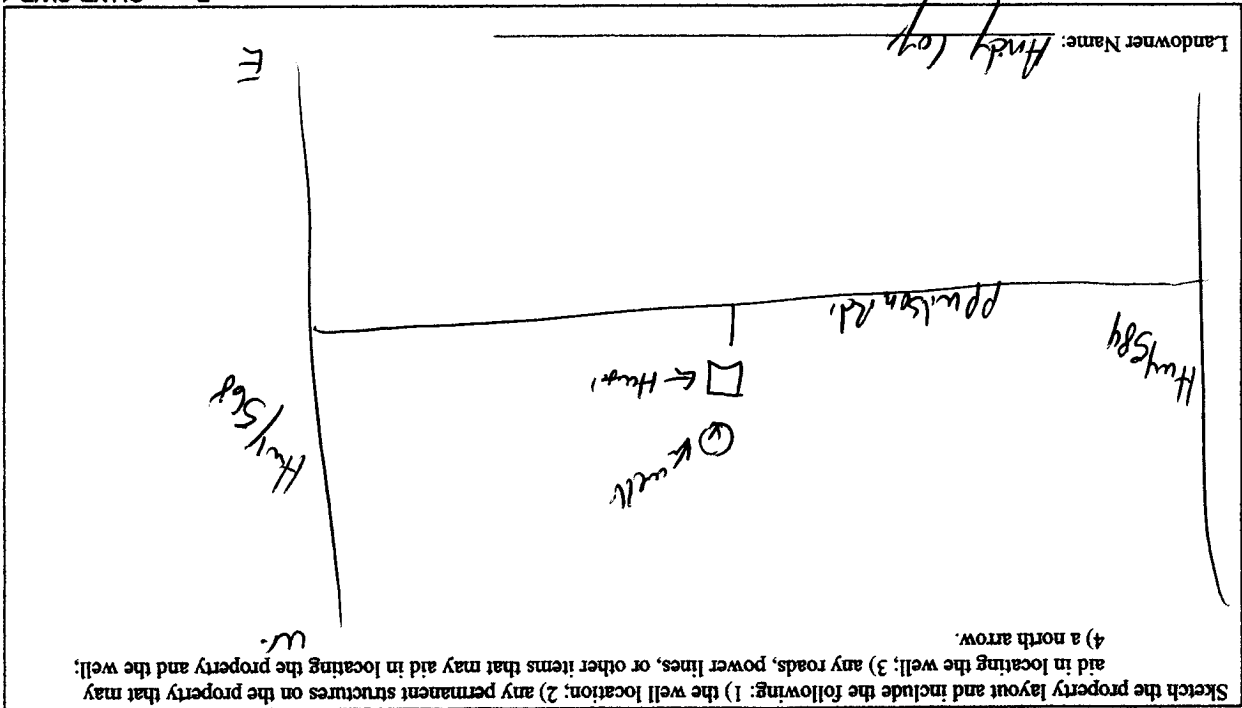
Driller: Fitgerald Well Drilling

Date drilling completed: 10-4-10

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Print Name of Responsible Licensee and License No. Brad Esgall 029
Date 10-4-10
Signature of Licensee [Signature]

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 Form: OLWR-SWR-1A



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	0	20
Sand	20	40
gravel	40	80
clay	80	100
Sand	100	110
Course sand	110	126

If well telescopes, show depths on sketch

Wells and boreholes, unless specifically exempted by regulations

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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): ANDERSON ID. 029

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

Air Line _____ Electric Measuring Line _____ Steel Tape _____

Circle one

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Pump Type

Circle one

Air Lift _____ Jet _____ Submersible _____

Bucket _____ Piston _____ Turbine _____

Centrifugal _____ Rotary _____ Flowing Well _____

Other (specify): _____

Date Pump Installed: 10-4-10

Rated Pump Capacity: 12 Gallons Per Minute

Power Type

Circle one

Diesel Engine _____ Gasoline Engine _____ Hand _____ Tractor PTO _____

Electric Motor _____

Windmill _____ Other (specify): 1/2

Horse Power Rating of Motor: _____

Setting Depth: 90 feet

Number of Stages: 8

Well Owner Information

Owner Name: Andy Coy

Mailing Address: PO Wilson Rd.

City: Liberty MS State: _____ Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 3' 35.1" Longitude: 90° 36' 49.4"

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

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

Distance _____ Direction _____ Nearest Town _____

Miles _____ of _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

County: Am. Fe

Permit #: _____

Driller: Etzold Well Dr

Date completed: 10-4-10

Copy information from block on Part I

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: _____

STATE WELL REPORT