

RECEIVED
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 BY: OLMR

Form: OLWR-SWR-1A (04/08)

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 pack 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): Best 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: _____ 3-24-11

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, ship 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 logs run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Location of the source of any surface water used for drilling and development: _____

Method of dosing and volume of Chlorine used in drilling and development: _____

Date drilling started: _____ 3-24-11 Date drilling completed: _____ 3-24-11 Hole depth: _____ 112' Hole diameter: _____ 8"

Well / Borehole Data

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

Owner Name: Amber Dixon

Mailing Address: Quinten Rd.

City: Magnolia State: MS Zip Code: _____

Telephone No. () _____

Well or Borehole Location

Latitude: 31° 04' .38" Longitude: 90° 33' .54"

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

Distance _____ Miles Direction _____ of _____ Nearest Town

Well or Borehole Location: 1/2 Sec 1 Twn 1N Rng 6E

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/L5

Well #: _____

L. S. Elevation: _____

E-log #: _____

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Amite

Permit #: _____

Driller: Fitzgerald Wellbore

Date drilling completed: _____ 3-24-11

**State Well Report
 Part 1 - Driller's Log**

BY: OLWR
APR 21 2011

Form: OLWR-SWR-1C (07-00)

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) Bradford
 Signature of Pump Installer Bradford

This is for (circle one): New Well
 Replacement of Existing Pump
 Repair of Existing Pump

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 _____
 Circle one
 Electric Measuring Line _____
Steel Tap
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____
 hours after _____ feet after _____ hours of pumping

Pump Type
 Circle one
 Air Lift _____
 Bucket _____
 Centrifugal _____
 Other (specify): _____
 Date Pump Installed: 3-24-11
 Rated Pump Capacity: 12 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine _____
 Gasoline Engine _____
 Natural Gas _____
 Tractor PTO _____
 Hand _____
Electric Motor
 Windmill _____
 Other (specify): 1/2
 Horse Power Rating of Motor: _____
 Setting Depth: 85 feet
 Number of Stages: 8

Well Owner Information
 Owner Name: Amelia Dixon
 Mailing Address: Quanta Rd
 City Regalia MS State _____ Zip Code _____
 Telephone No. () _____

Well Location
 Latitude: 31° 4' 38" Longitude: 90° 33' 54"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 Distance _____ Miles of _____ Direction _____ Nearest Town _____
 % _____ % Sec 1 T 1N R 6E

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.

For Office Use Only:
 Aquifer: _____
 Well #: _____
 Elevation: _____

STATE WELL REPORT
 Part 2
 Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Amite
 Permit #: _____
 Driller: Bradford Well Service
 Date completed: 3-24-11
 Copy information from block on Part I