

County: Amite
 Permit #: _____
 Driller: Fitzgerald well service
 Date drilling completed: 3-7-12

State Well Report
Part I - Driller's 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)

For Office Use Only:

Aquifer: H 74
 Well #: _____
 I. 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.

<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Willie Joseph</u> Mailing Address: <u>Kramer Rob</u> <u>Liberty ms</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>31° 11' 41.7"</u> Longitude: <u>90° 48' 42.8"</u> Method of Lat/Long (circle one): <u>42</u> Conventional Survey, <u>43</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> % <u>SW</u> % Sec <u>28</u> ✓ Twp <u>3N</u> ✓ Rng <u>4E</u> ✓ Distance Direction Nearest Town Miles of _____</p>
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Well / Borehole Data

Date drilling started: 3-7-12 Date drilling completed: 3-7-12 Hole depth: 140' Hole diameter: 8"

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

Logs run (circle all applicable): Logging 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 _____
 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: 88' feet above or below (circle one) land surface Date measured: 3-7-12

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

Well depth: 140' Well grouted to a depth of 10' feet Type of grout (circle one): sea cement Bentonite Mix _____

Casing length: 130' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PL

Screen slot size: .010 inches Setting depth: From 130' feet to 140' feet

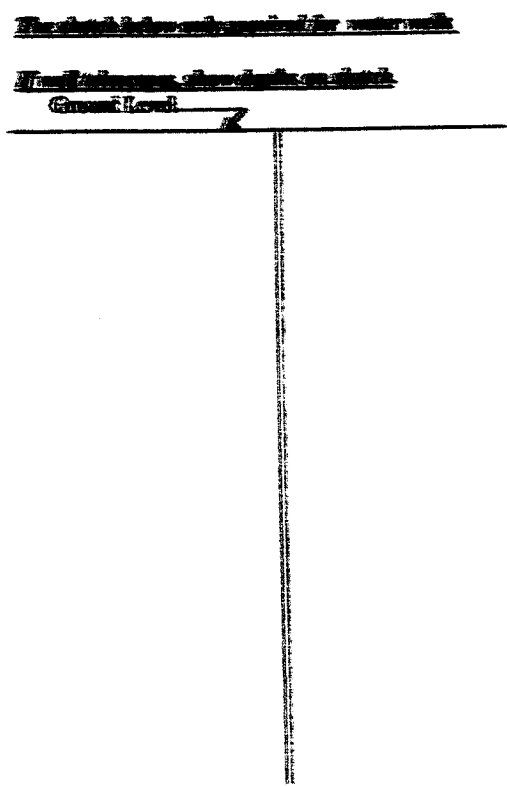
Type of completion (circle all applicable): Gravel packed Unborecased Telescoped Open hole Natural Development
 Other (describe): _____

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

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

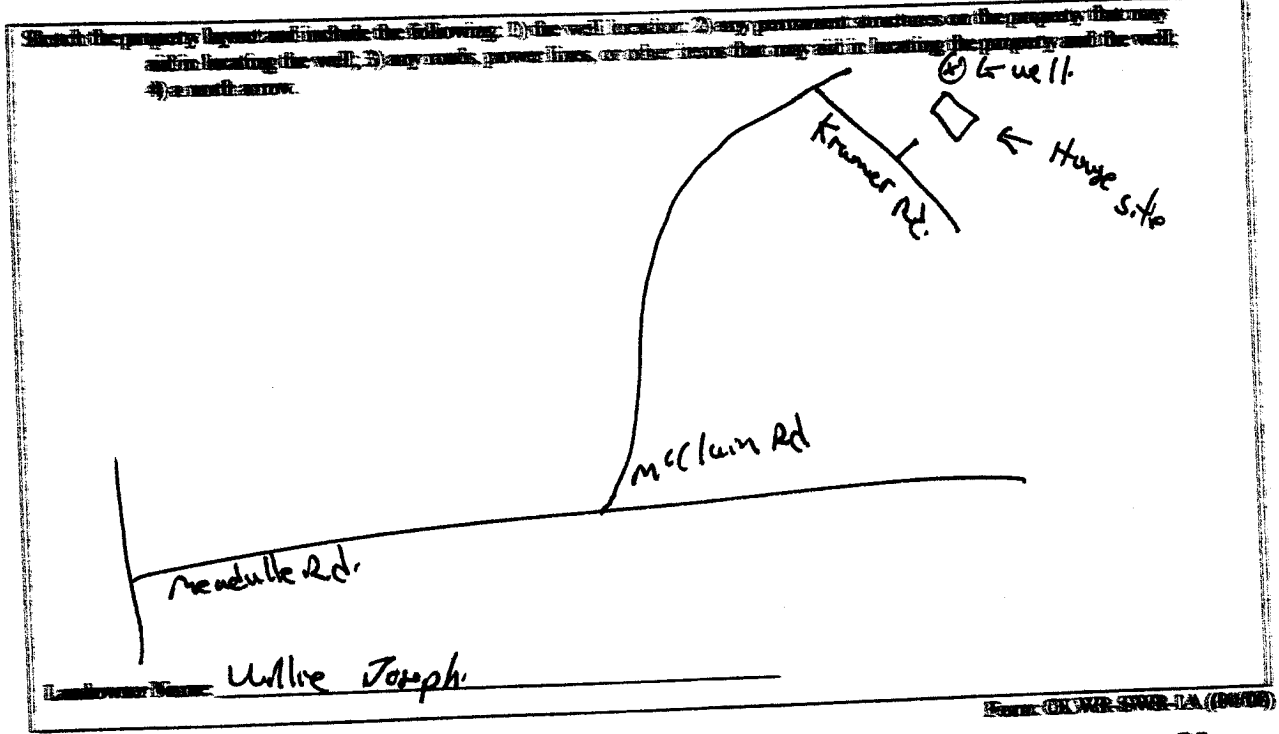
RECEIVED
MAR 28 2012
BY: OLWR

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Description of Formation Encountered	From (Depth)	To (Depth)
	Ground Level	
clay	0	20
clay	20	40
sand	40	80
clay	80	90
sand	90	110
clay	110	130
curly sand	130	140

If more than one well, show location of each on sketch.



I certify that the well described was drilled, constructed, and completed in accordance with all applicable requirements of the Michigan Department of Environmental Quality and the Michigan Department of Health, regulations, if applicable, and state

By: Brad Fitzgerald 029. 3-7-12 Paul Stiles
Print Name of Registered Professional Engineer Date Signature of Engineer

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MAR 28 2012
BY: OLWR

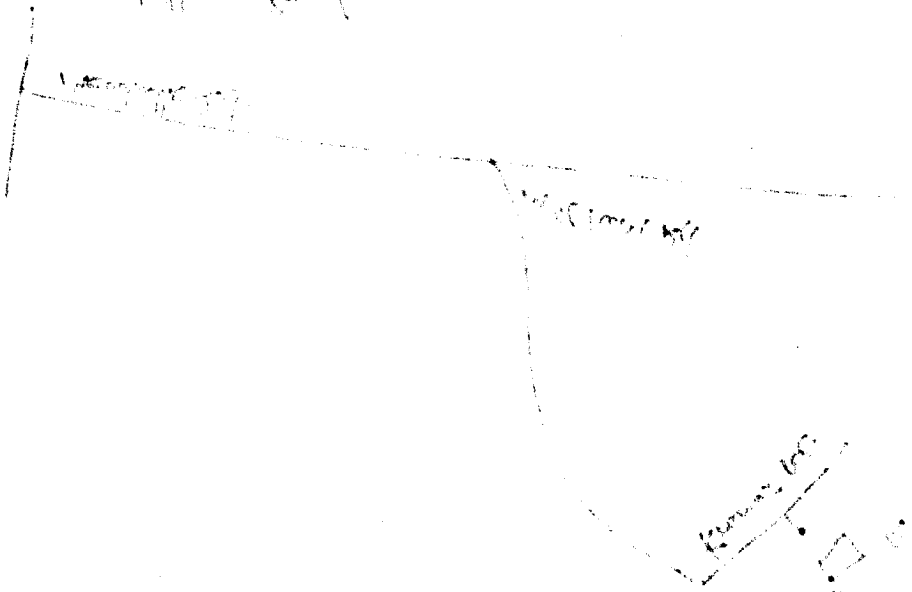
3000 (100000)

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3-3-19

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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 2349
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Amite
 Permit #: _____
 Driller: Fitzgerald, Wellbore
 Date completed: 3-7-12.
(Copy information from Section Part 1)

For Office Use Only:

Aquifer: _____
 Well #: H7A
 Elevation: _____

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	Well Location
Owner Name: <u>Willie Joseph</u>	Latitude: <u>31° 11' 41.7"</u> Longitude: <u>90° 48' 42.8"</u>
Mailing Address: <u>Kramer Rd</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>Bihefy</u> <u>MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ ° _____ ' _____ " <u>28</u> T <u>3N</u> R <u>4E</u>
Telephone No. () _____	Distance _____ Miles _____ Direction _____ Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>3-7-12</u>	Setting Depth: <u>130'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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

Brad Fitzgerald 029 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
 Form: OLWR-SWR-1C (07-09)

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 BY: OLWR

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