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 BY: OLWB

Form: OLWR-SWR-1A

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

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

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: 3-5-08

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.

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe): _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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: 3-5-08 Date drilling completed: 3-5-08 Hole depth: 114' Hole diameter: 8"

Well / Borehole Data

<p>Well or Borehole Location</p> <p>Latitude: <u>31° 12' 28.6"</u> Longitude: <u>90° 44' 29.3"</u></p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u></p> <p>USGS quad, Hand-held GPS, Survey-grade GPS</p> <p><u>NW 5E 1/4 Sec 19 Twn 3N Rng 5E</u></p> <p>Distance _____ Miles Direction _____ of _____ Nearest Town _____</p>	<p>Information on Well Owner</p> <p><i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Olive Ballard</u></p> <p>Mailing Address: <u>McKnight Lane</u></p> <p>City: <u>Liberty MS</u> State: _____ Zip Code: _____</p> <p>Telephone No. () _____</p>
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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.

State Well Report
 Part I - 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: 3-5-08

For Office Use Only:

Aquifer: J-72

Well #: _____

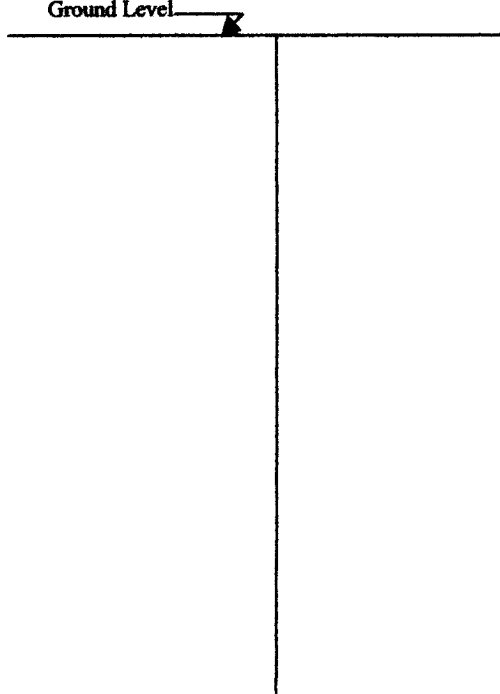
L. S. Elevation: _____

E-log #: _____

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) Ground Level	To (depth)
clay	0	20
Sand	20	60
gravel	60	80
Sand	80	90
Clay	90	100
Coarse Sand	100	119

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Olivia Ballard

Form: OLWR-SWR-1A

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 laws.

Brad Fitzgerald 3-5-08
 Print Name of Responsible Licensee and License No. Date

Red [Signature]
 Signature of Licensee

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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)

County: Amite
 Permit #: _____
 Driller: Fitzgerald Wellserve
 Date completed: 3-5-08
Copy information from Neck on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J-72
 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>Olivia Bullards</u>	Latitude: <u>31° 12' 28.6"</u> Longitude: <u>90° 44' 27.3"</u>
Mailing Address: <u>McKnight Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Liberty</u> <u>ms</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>3-5-08</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> <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	

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

Brad Fitzgerald 024 Brad Stork
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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