

Form: OLMWR-SWR-1A

Well / Borehole Data

Date drilling started: 12-9-08 Date drilling completed: 12-9-08 Hole depth: 147' 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 log(s): _____

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: 105' feet above or below (circle one) land surface Date measured: 12-9-08

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

Well depth: 147' Well grouted to a depth of 10' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 137' Casing diameter: 4" inches Type of casing: PVC
 Screen length: 10' Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: .012 inches Setting depth: From 137' feet to 147' feet

Type of completion (circle all applicable): Gravel packed Underreamed 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*

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:

Aquifer: _____
 Well #: N-159
 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 #: Fitzgerald Well # 12-9-08
 Driller: Fitzgerald Well # 12-9-08
 Date drilling completed: 12-9-08

BY: OLWR

DEC 29 2008

RECEIVED

Print Name of Responsible Licensee and License No. Date Signature of Licensee

Brad Fitzgibbon 0300 12-9-08 Brad Fitzgibbon

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.

Form: OLWR-SWR-1A

Landowner Name: Oliver Thompson

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.

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

Description of Formations Encountered	From (depth)	To (depth)
clay	0	20
clay sand	20	50
clay	50	90
clay	90	120
gravel	120	130
sand	130	147
coarse sand	130	147

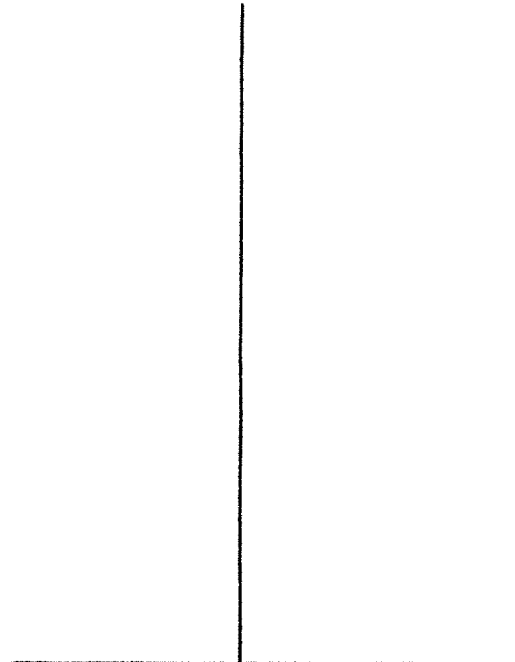
Description of Formations Encountered From (depth) To (depth)

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

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level



N-159

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 Well Service
Date completed: 12-9-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: N-159
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>Oliver Thompson</u>	Latitude: <u>31° 07' 59.2"</u> Longitude: <u>90° 48' 17"</u>
Mailing Address: <u>Greensburg 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>12-9-08</u>	Setting Depth: <u>135</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>2</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 029 Beal Stuyck
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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BY: OLWR