

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Seep
 Date drilling completed: 12-3-07

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)

For Office Use Only:
 Aquifer: _____
 Well #: Φ-89
 L. 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 <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>George Jones</u> Mailing Address: <u>Bates School Rd</u> <u>Liberty</u> <u>ms</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>31° 5' 30.8"</u> Longitude: <u>90° 41' 6.3"</u> Method of Lat/Long (circle one): <u>31</u> Conventional Survey, <u>06</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE ¼ SE ¼ Sec 34 Twn 2N Rng 5E</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
<p>Well / Borehole Data</p>	
<p>Date drilling started: <u>12-3-07</u> Date drilling completed: <u>12-3-07</u> Hole depth: <u>118'</u> Hole diameter: <u>7"</u> 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): <u>NO log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i></p>	
<p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>75'</u> feet above or below (circle one) land surface Date measured: <u>12-3-07</u> Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>118'</u> Well grouted to a depth of <u>10'</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix Casing length: <u>108'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u> Screen length: <u>10'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>0.12</u> inches Setting depth: From <u>108'</u> feet to <u>118'</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

Form: OLWR-SWR-1A

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Q-89

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

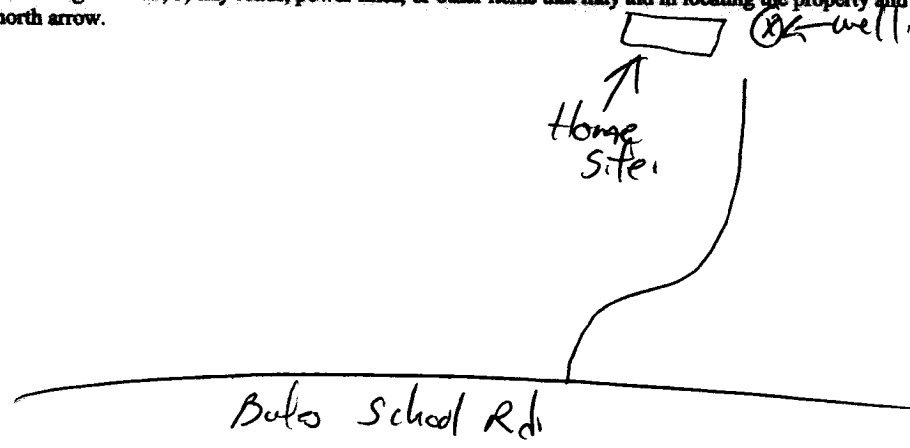
If well telescopes, show depths on sketch.

Ground Level \nearrow

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20
Clay	20	40
Sand	40	80
gravel	80	100
Coarse Sand	100	118

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: George Jones

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.

Print Name of Responsible Licensee and License No. Paul Fitzgerald 024 12-3-07 Date

Signature of Licensee Paul Fitzgerald

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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)

For Office Use Only:

Agiter: _____

Well #: Φ-89

Elevation: _____

County: Amite
 Permit #: _____
 Driller: Fitzgerald Willberg
 Date completed: 12-3-07
 Copy information from check on Part 1

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
 Owner Name: George Jones
 Mailing Address: Bates School Rd.
 City: Liberty MS
 State: _____ Zip Code: _____
 Telephone No. () _____

Well Location
 Latitude: 31°5'30.8" Longitude: 90°41'6.3"
 Method of Lat/Long (check one): Conventional Survey
 Hand-held GPS Survey-grade GPS
 Distance _____ Miles of _____
 Direction _____
 Nearest Town _____
 Direction _____
 Distance _____
 USGS quad _____
 Hand-held GPS Survey-grade GPS

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____
 Date Pump Installed: 12-3-07
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1/2
 Setting Depth: 105' feet
 Number of Stages: 8

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

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): Brad Fitzgerald
 Form: OLWR-SWR-1B

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 Form: OLWR-SWR-1B
 JAN 02 2008
 BY: OLWR