

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Serv
 Date drilling completed: 10-18-07

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)

For Office Use Only:

Aquifer: _____
 Well #: P-83
 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.

| Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Owner Name: <u>Scott Weaks</u> | Latitude: <u>31° 07' 22"</u> Longitude: <u>90° 34' 25.3"</u> |
| Mailing Address: <u>Mixon Rd.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Magnolia</u> MS | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 SW 1/4 Sec 23 Twn 2 N Rng 6 E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town Miles of _____ |

Well / Borehole Data

Date drilling started: 10-18-07 Date drilling completed: 10-18-07 Hole depth: 100' Hole diameter: 7"

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: 55' feet above or below (circle one) land surface Date measured: 10-18-07

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

Well depth: 100' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 90' feet Casing diameter: 4" inches Type of casing: Pvc

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

Screen slot size: .012 inches Setting depth: From 90' feet to 100' 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***

Form: OLWR-SWR-1A

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 BY: OLWR

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:

Aquifer: _____

Well #: P-83

Elevation: _____

County: Amite

Permit #: _____

Driller: Ritzgerald Well Service

Date completed: 10-18-07

(Copy information from block 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: Scott Weats

Mailing Address: Mixon Rd.

City: Magnolia State: MS Zip Code: _____

Telephone No. () _____

Well Location

Latitude: 31° 07' 2.2" Longitude: 90° 34' 25.2"

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

Distance _____ Miles _____ of _____

Direction _____

Nearest Town _____

1/4 _____ 1/4 Sec _____ T _____ R _____

Pump Type

Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 10-18-07

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Diesel Engine Electric Motor Gasoline Engine Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1/2
 Setting Depth: 90 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 _____

_____ feet after _____ hours of pumping

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): Riad Fitzgerald 024

Signature of Pump Installer: Riad Fitzgerald

BY: OLWF

OCT 26 2007

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Form: OLWF-SWR-1B