

BY: OLWF
 JAN 02 2008
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Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Other (describe): _____

Type of completion (circle all applicable): Gravel packed Undreamed Telescoped Open hole Natural Development

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: 12-5-07

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

Seismic Survey _____ Other (describe): _____

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

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

Name of organization running logs: _____

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: _____

Date drilling started: 12-5-07 Date drilling completed: 12-5-07 Hole depth: 144 Hole diameter: 7"

Well / Borehole Data

Information on Well Owner
 (Landowner if borehole is not for a water well)

Owner Name: Bill Huffmaster
 Mailing Address: Hwy 564

City: Liberty MS State: _____ Zip Code: _____
 Telephone No. () _____

Well or Borehole Location

Latitude: 31.1452 Longitude: 50.5422
 Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 Sec 32 Twn 12N Rng 3E

Distance _____ Miles Direction _____ of _____ Nearest Town _____

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:

Acquirer: R-73
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

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)

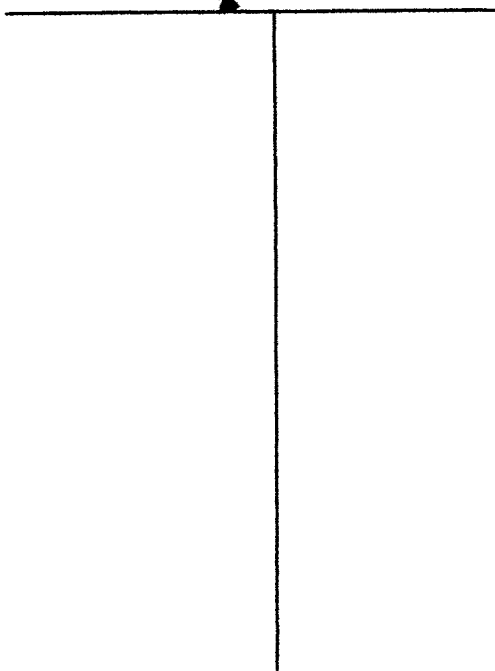
County: Amite
 Permit #: _____
 Driller: Fitzgerald Will Grant
 Date drilling completed: 12-5-07

R-73

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level \rightarrow

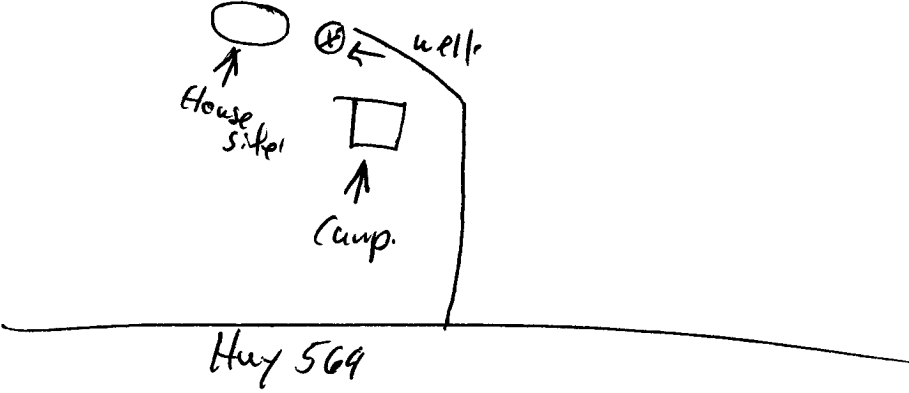


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20
Sand	20	60
Gravel	60	80
Clay	80	110
Sand	110	120
Coarse Sand	120	144

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: BMI Huffmaster

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, 029, 12-5-07
 Print Name of Responsible Licensee and License No. Date

Red Stuyell
 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)

For Office Use Only:

Aquifer: _____
 Well #: R-73
 Elevation: _____

Copy information from back on Part 1

County: Amite
 Permit #: _____
 Driller: Etzgerald Willinger
 Date completed: 12-5-07

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: Bill Huffman
 Mailing Address: Hwy 569
 City: Liberty MS
 State: _____
 Zip Code: _____
 Telephone No. () _____

Well Location

Latitude: 31° 45.2" Longitude: 90° 54.27"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS, Survey-grade GPS _____
 Distance _____ Miles _____ of _____
 Direction _____
 Nearest Town _____
 Direction _____
 Distance _____ Miles _____ of _____

Pump Type

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Power Type

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 5
 Setting Depth: 120' feet
 Number of Stages: 2

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

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) Bill Huffman

Signature of Pump Installer Bill Huffman

Form OLMW-SWR-113

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