

Well / Borehole Data

Date drilling started: 11-18-09 Date drilling completed: 11-18-09 Hole depth: 120' 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 logging Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running logs: _____
 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, state the remainder of this block: _____

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: Poult House

If a flowing well, method of flow regulation: Valve _____ Other (describe): _____
 Static Water Level: 84' feet above or below (circle one) land surface Date measured: 11-18-09
 Method of Measurement (circle one): Sheet Pile electric tape air line other: _____
 Well depth: 120' Well grouted to a depth of 4" feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 150' feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: 0.10"/0.12" inches Setting depth: From 150' feet to 170' 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.

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

Owner Name: Alice Gummy
 Mailing Address: Lower Oakville Rd
 City: Liberty MS
 State: _____ Zip Code: _____
 Telephone No. (_____) _____

Well or Borehole Location

Latitude: 31° 03' 30.7" Longitude: 90° 54' 40.2"
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
 Distance _____ Miles Direction _____ of _____ Nearest Town _____
 Township: 1N Range: 3E
 Section: 13
 Well #: _____
 L. S. Elevation: _____
 E-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 Seer
 Date drilling completed: 11-18-09

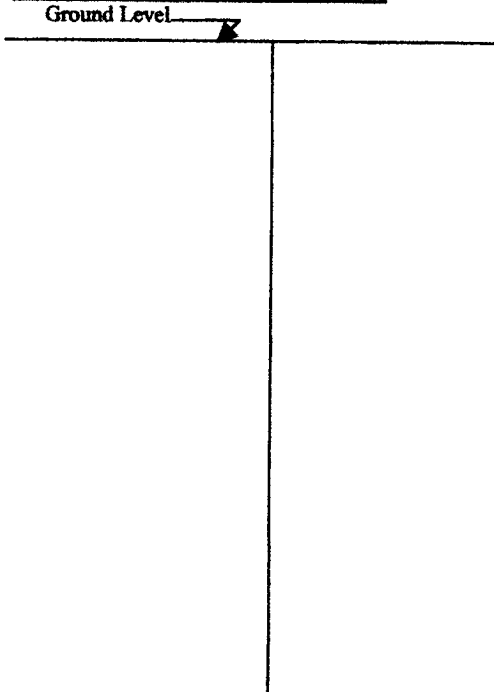
For Office Use Only:
 Acquirer: PTS
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Well Report
 Part I - Driller's Log

275

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

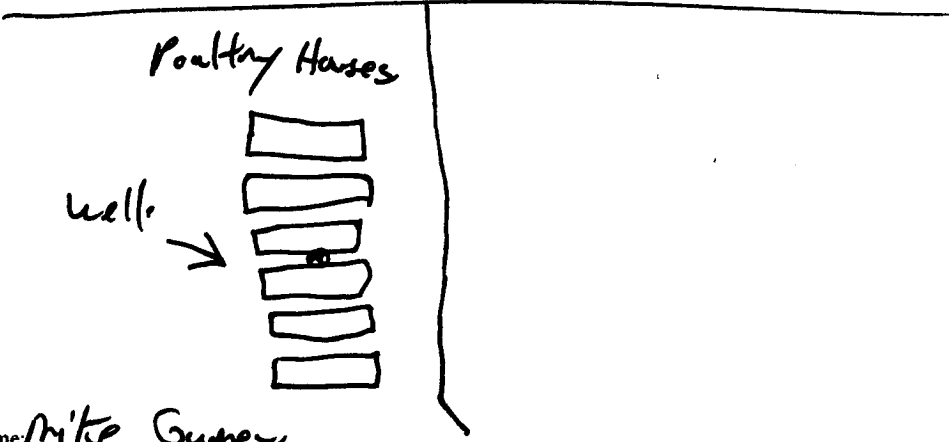


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| | Ground Level | |
| clay | 0 | 20 |
| sand | 20 | 60 |
| gravel | 60 | 85 |
| clay | 85 | 120 |
| sand | 120 | 150 |
| course sand | 150 | 170 |
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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: Mike Gurney

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 law.

Brad Fitzgerald 029
Print Name of Responsible Licensee and License No.

11-18-09
Date

[Signature]
Signature of Licensee

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WATER QUALITY
11-18-09

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 Serv
 Date completed: 11-18-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: R75
 Well #: _____
 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>Mike Guiney</u> | Latitude: <u>31° 3' 30.7"</u> Longitude: <u>90° 54' 40.7"</u> |
| Mailing Address: <u>Lower Centerville Rd.</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ |
| <u>Liberty</u> <u>ms</u> City State Zip Code | Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____ |
| Telephone No. (____) _____ | |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3</u> |
| Date Pump Installed: <u>11-18-09</u> | Setting Depth: <u>130'</u> feet |
| Rated Pump Capacity: <u>50</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tap</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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer