

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Svc
 Date drilling completed: 9-25-08

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 #: 550
 L. S. Elevation: R82
 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>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Jim Matti</u> Mailing Address: <u>Hwy 569</u> <u>Liberty</u> <u>ms</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 4' 48.5"</u> Longitude: <u>90° 52' 11.0"</u> Method of Lat/Long (circle one): <u>48</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW</u> ¼ <u>NW</u> ¼ Sec <u>21</u> Twn <u>1N</u> Rng <u>4E</u> Distance Direction Nearest Town _____ Miles _____ of _____ <u>3E</u></p>
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Well / Borehole Data

Date drilling started: 9-25-08 Date drilling completed: 9-25-08 Hole depth: 225' 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: 61' feet above or below (circle one) land surface Date measured: 9-25-08

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

Well depth: 225' Well grouted to a depth of 10' feet Type of grout (circle one): (Neat Cement) Bentonite Mix
 Casing length: 215' feet Casing diameter: 4" inches Type of casing: PCC
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PCC
 Screen slot size: .012 inches Setting depth: From 215' feet to 225' 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

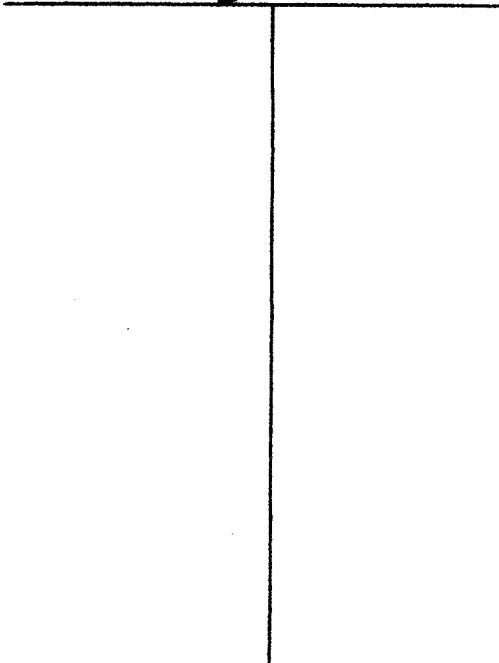
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 OCT 20 2008
 BY: OLWR

550
R82

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level →

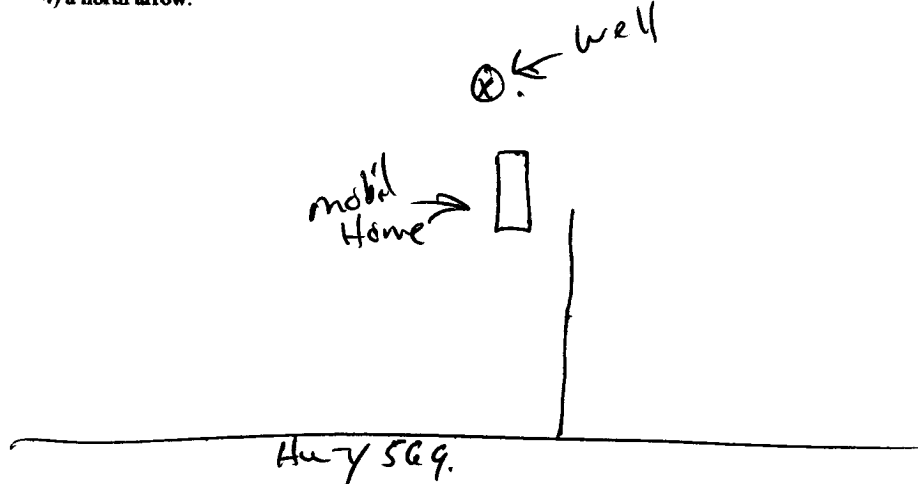


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay.	20	20
clay.	40	40
sand.	40	80
clay	80	160
Sand	160	210
Coarse Sand	210	225

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: Jim Math

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.

Bruce Fitzgerald OCU 9-25-08 Bruce Fitzgerald
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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Form: OLWR-SWR-18

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) Brad E. Kralik 0291
 Signature of Pump Installer Brad E. Kralik

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 _____
 Circle one
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Pump Type
 Circle one
 Air Lift _____ Jet _____ Submersible _____
 Bucket _____ Piston _____ Turbine _____
 Centrifugal _____ Rotary _____ Flowing Well _____
 Other (specify): _____
 Date Pump Installed: 9-25-08
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one
 Diesel Engine _____ Gasoline Engine _____ Hand _____ Tractor PTO _____
Electric Motor _____ Windmill _____ Other (specify): _____
 Horse Power Rating of Motor: 61
 Setting Depth: 100 feet
 Number of Stages: 8

Well Owner Information
 Owner Name: Jim Hoff
 Mailing Address: 147569
 City: Liberty MS State: _____ Zip Code: _____
 Telephone No. () _____

Well Location
 Latitude: 31° 4' 48.5" Longitude: 90° 52' 11.0"
 Method of Lat/Long (check one): _____ Conventional Survey _____
 _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

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.

For Office Use Only:
 Aquifer: _____
 Well #: 550
 Elevation: R82

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: Eitzgerald Wellsecker
 Date completed: 9-25-08
 Copy information from block on Part 1

STATE WELL REPORT