	State Well Report	
	-	For Office Use Only:
County: Madison	Part 1 – Driller's Log	The office est only.
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	1 - 112 - 00
Driller: Walker-Hill Environmental, Inc.	P.O. Box 10631	Well #: $U = 1$
Dillici. warker-Hill Bivitommental, Inc.	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: <u>11/20/2007</u>	(601)961-5210	
	(601)354-6938 (fax)	E-log #:

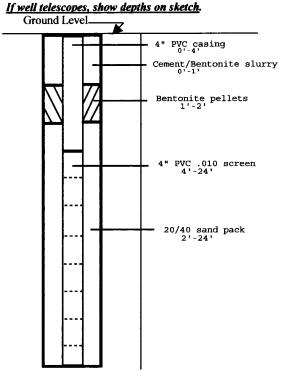
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)				
	Latitude: 32 ° 24 ' 10 " Longitude: 90 ° 06 ' 29 "			
Owner Name Fleet Morris Petroleum				
	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address DO Box 2247	We not of Eavroing (chere one). Conventional Survey,			
Mailing Address: PO Box 2347				
	USGS quad Hand-held GPS, Survey-grade GPS /			
	$\underline{SE \frac{1}{4} ME \frac{1}{4} Sec 32 } Twn \underline{7N} Rng 2E}$			
Madison MS 39130				
City State Zip Code	Distance St Direction Nearest Town			
ony build Elpeode	2 Miles SE of Ridgeland			
	Miles of Ridgeland			
Telephone No. (601) 898-3830				
Well / Bore	hole Data			
Date drilling started: 11/19/07 Date drilling completed: 11/20/	07 Hole denth: 24' Hole diameter: 12"			
Date drining stated. $\underline{11/10/07}$ Date drining completed. $\underline{11/20/17}$				
Location of the source of any surface water used for drilling: <u>N/A</u>				
Method of dosing and volume of Chlorine used in drilling and devel	opment: N/A			
Logs run (circle all applicable). No log run Electric Gamma Ray	Density Sonic Neutron Other			
Name of organization running log(s):				
Name of organization running log(s).	and the second			
Purpose of borehole (check one): Water Well Geotechnical/Geok	ogical Investigation Ground Source Heat Pump			
Seismic Survey Other (describe) Recovery well				
If drilling is not related to water well construction				
If urming is not retured to water well construction	is sup me remainder of this block			
Demonstra of Wall (shark and). Hence the detail Dall' 0 to the Dill Other Other Demonstrate				
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: Recovery				
If a flowing well, method of flow regulation: Valve <u>N/A</u> O	ther (describe)			
Static Water Level: <u>N/A</u> feet above or below (circle one) la	and surface Date measured N/A			
Mathed of Macananana (similar and standard standar				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: <u>24'</u> Well grouted to a depth of <u>1</u> feet Type	of grout (circle one) Neat Cement Bentonite Mix			
· · · · · ·				
Casing length: 4 feet Casing diameter: 4	inches Type of casing: PVC			
Samon langths 20 foot Samon Jameters	inshaa Tuma afaaraan DUC			
Screen length: 20 feet Screen diameter: 4	inches Type of screen:PVC			
Screen slot size: . 010 inches Setting depth: From	4 feet to 24 feet			
Type of completion (circle all applicable): Gravel packed Undern	reamed Telescoped Open hole Natural Development			
-7F				
Other (describe): $2'x$	2' well vault set in concrete pad			
Top of lap pipe or reduction in casing: feet. If teld	escoped or more than one screen, describe on next page			

Form: OLWR-SWR-1A



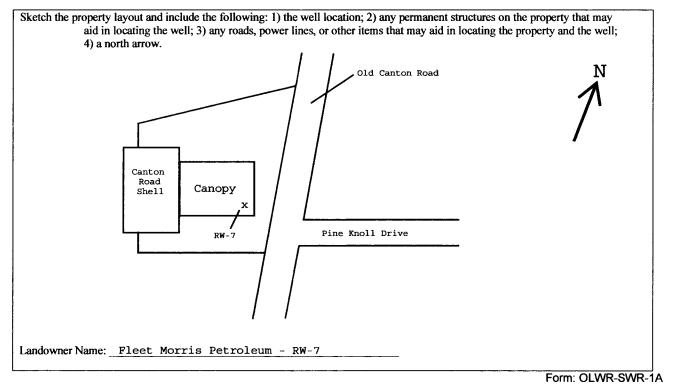
The sketch below only required for water wells



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

Description of Formations Encountered	From (depth)	To (depth)
Lt. brown silty clay	Ground Level	24'
	:	
		1
		1
	-	1
and the second	1	
	1	

If more than one screen, show location of each on sketch



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. GARY 0-578 12-27-07 $P_{i}H_{i}$

Date

Signature of Licensee

Print Name of Responsible Licensee and License No.