County: Aguste	STATE WELL REPORT Part 1 Driller's Log	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality	Aquifer:
Driller: Fitzgrald Will Service	Office of Land and Water Resources	1
Date drilling completed: 12-27-13,	P.O. Box 2309 Jackson, MS 39225-2309	E-Log #:
Date driking completed.	(601)961-5210	
	(601)360-0535 (fax)	
State Law requires that this report b Department at the above address wi	e prepared by the license holder responsible for this for the following of the well the well the following of the followi	or porenoie.
Well Owner Information	Well or Bor	ehole Location
(Landowner if borehole is not for a	Latitude: 31° 13 51.3 Lo	ngitude: <u>40° 40′ 22.2″</u>
Owner Name: Ted Poole		
Mailing Address: Hebron Rb	Method of Lat/Long (check on	e): Conventional Survey,
Mailing Address:	USGS quad, Hand-held (GPS, Survey-grade GPS
Linely MI	<u> </u>	14 T3N R5E
City State	Zip Code Miles	of
Telephone No. ()	(Distance) (Direction)	of(Nearest Town)
retephone No. ()		
Logs run (circle all applicable): No log T	ne used in drilling and development: Electric Gamma Ray Density Sonic Neut Well Geotechnical/Geological Investigation	
	ic Survey Other (describe)	
	ated to water well construction, skip the remaind	
Purpose of Well (circle all applicable):	Industrial Public Supply Irrigation	Fish Culture
Other (describe):		
If a flowing well, method of flow regul	ation: Valve Other (describe)	12-22-13
	[above or below] land surface Date measur (circle one)	
Method of measurement (circle one):	teel tape Electric tape Air line Other (describ	e):
Well depth: $\int V$ Well grouted to a	depth of: 10 feet Type of grout (circle one	e): Neat Cement Bentonite Mix
Casing length: 70 feet C	asing diameter: $\frac{9''}{100}$ inches Type of	of casing: PUT
Screen length: _/Ofeet	Screen diameter: Y inches Type	of screen: Ac
Screen slot size:inches	Setting depth: Fromfeet	
Type of completion (circle all applicab	(e): Gravel packed Underreamed Open hol	e Natural Development

If telescoped or more than one screen, describe on next page

Other (describe):

Top of lap pipe or reduction in casing:

Form: OI WR-SWR-1A (4/13)

County: 4mite		For Office Use Only:
Permit #:	Į v	Vell #:
	L	4
The sketch below only required for water wells	<u>Description of formations encou</u> and boreholes, unless specifical	untered must be provided for all wells
If well telescopes, show depths on sketch.	ana vorenoies, uniess spectficat	iy exemplea by regulations
Ground Level	Description of Formations Encount	
Ground Levet		Ground level
	Chuy	1 20 40
	Suno	1 20 40 40 6°
	(0, 10 %)	1, 60 80
	Cospsin	
·		
If more than one screen, show location of each on sketo	ch L	
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) north arrow	aid in tocatting the property and the wett	/
4) north arrow Bain' Luye.		
		/
17 - Huge		
we , U "		
Hebron Rd		
<i>[</i>		
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Jeen husel		
	/(9
	/	
Landowner Name: Ted Pode.		
I HEREBY 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.		
Bust Florand. Osq. 12-27-13. Bellet		
Print Name of Responsible Licensee and License N		signature of Licensee
	,	Form: OLWR-SWR-1A (4/13

STATE WELL REPORT

Part 2

County: Anthe Permit #: Driller: Fitzerald

Date completed: 12-27-13

Copy information from block on Part 1

Pump Installer's Completion Report Mississippi Department of Environmental Quality

Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210

For Office Use Only:		
Well #: <u> </u>		
Aquifer:		

(601) 360-0535 (fax)			
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 D	epartment at the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: Tec Pocle	Latitude: 310 13 51.3" Longitude: 90° 40 22.2"			
Mailing Address: Hebion Rd.	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Liberty US				
City / State Zip Code	Miles of			
Telephone No. ()	Miles of (Distance) (Direction) (Nearest Town)			
Pump Type (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):				
Date Pump Installed: 12-27-13: Rated Pump Capacity: 12' Gallons Per Minute				
Is This Pump (circle one): (New Repaired Replacemen				
Power Type (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
Horse Power Rating of Motor: 12- Setting Depth: 60 feet Number of Stages: 8				
Pump Test Data for Non Flowing Well				
Date Well Tested: Duration of Pump Test (minimum 4 hours): hours				
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				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Pump Test Data for Flowing Well				
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
Meter Installation				
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name: Type of Meter:				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
Installation Date: Meter installed by:				
Is This Meter (circle one): New Repaired Replacement				
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.				
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)

12-27-131 Aveller
Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)