A /	State W	ell Report		
County: Amite.	State Well Report Part 1 – Driller's Log		For Office Use Only:	
		nt of Environmental Quality	Aquifer:	
Permit #:	Office of Land a	and Water Resources	Aquifer: K-94 Well #: K-94	
Driller: Fitzgenald Wellferne	P.O. I	Box 10631 AS 39289-0631		
Date drilling completed: 7-1-05	1	961-5210	L. S. Elevation:	
	` '	4-6938 (fax)	E-log #:	
State Law requires that this report Department at the above address	rt be prepared by the lic within 30 days of com	ense holder responsible for pletion of drilling of the well	the work and filed with the or borehole.	
Information on Well (Owner		orehole Location	
(Landowner if borehole is not for Owner Name Steven, Wicks	or a water well) (WKKER)	Latitude: " '	" Longitude: " "	
Mailing Address: upper Gluddy Rd		Method of Lat/Long (circle one): Conventional Survey.		
,,	<i>y</i>	USGS quad, Hand-held	I GPS, Survey-grade GPS	
Sa Andrela My Sec 1		¼¼ Sec	Twn 3N Rng GF	
Son thoule, My City State Zip Code Distance Direction Smiles Fast		Distance Direction Miles Fast	Nearest Town of East Fork	
Telephone No. ()			,	
Date drilling started: 15-1-5, Date d				
Action of the source of any surface was Method of dosing and volume of Chlorin cogs run (circle all applicable): Volog run vame of organization running log(s):	ne used for drilling: ne used in drilling and devo	elopment:	Other:	
Action of the source of any surface wather thought of dosing and volume of Chloric Logs run (circle all applicable): Volog Name of organization running log(s): Purpose of borehole (check one): Water Volumes of Source (check one): Water Volumes (check one)	ter used for drilling:ne used in drilling and devo	elopment: y Density Sonic Neutron ological Investigation Groun	Other:	
Action of the source of any surface wather dethod of dosing and volume of Chloric Logs run (circle all applicable): Volog Rame of organization running log(s): Purpose of borehole (check one): Water V	ter used for drilling:ne used in drilling and devo Electric Gamma Ray Well Geotechnical/Geo Survey Other (describ	elopment: y Density Sonic Neutron ological Investigation Groun	Other:d Source Heat Pump	
Action of the source of any surface war dethod of dosing and volume of Chlorin logs run (circle all applicable): Volog rulame of organization running log(s): Purpose of borehole (check one): Water Volume of drilling is not related.	ter used for drilling:ne used in drilling and devo	elopment: y Density Sonic Neutron ological Investigation Groun oe) on, skip the remainder of this b	Other:d Source Heat Pump	
Action of the source of any surface wather dethod of dosing and volume of Chlorin Logs run (circle all applicable): Volog rundame of organization running log(s): Purpose of borehole (check one): Water Volume is not related. Purpose of Well (check one): Home	ter used for drilling:ne used in drilling and development of the second second second second second second to water well construction in the second s	elopment: y Density Sonic Neutron ological Investigation Groun oe) on, skip the remainder of this b	Other:d Source Heat Pump	
dethod of dosing and volume of Chloring and volume of organization running log(s): Turpose of borehole (check one): Water Volume of Well (check one): Home of a flowing well, method of flow regulations.	ter used for drilling:ne used in drilling and devo Electric Gamma Ray Well Geotechnical/Geo Survey Other (described to water well construction) Industrial Public Suppone: Valve	elopment: y Density Sonic Neutron plogical Investigation Groun ne) son, skip the remainder of this b ly Irrigation Fish Culture Other (describe)	Other: d Source Heat Pump	
Cocation of the source of any surface war Method of dosing and volume of Chlorin Logs run (circle all applicable): To log run Name of organization running log(s): Purpose of borehole (check one): Water Volumes of Well (check one): Home Ourpose of Well (check one): Home If a flowing well, method of flow regulations are set of the set of	rer used for drilling:	elopment: y Density Sonic Neutron plogical Investigation Groun ne) fon, skip the remainder of this b ly Irrigation Fish Culture Other (describe) pland surface Date measured ne air line other:	Other: d Source Heat Pump lock c Other: 7-1-05	
Action of the source of any surface war Method of dosing and volume of Chlorin Logs run (circle all applicable): Volog run (circle one): Water Volog run (circle one): Water Volog run (circle one): Water Volog run (circle one):	ter used for drilling:	elopment: y Density Sonic Neutron ological Investigation Groun on, skip the remainder of this b ly Irrigation Fish Culture Other (describe) land surface Date measured oe air line other: oe of grout (circle one)	Other: d Source Heat Pump lock Cother: 7-1-05	
Location of the source of any surface wall Method of dosing and volume of Chlorin Logs run (circle all applicable): No log run (circle all applicable): Water V Scismic If drilling is not related Purpose of Well (check one): Home Purpose of Well (check one): Water Level: 3	The used for drilling: The used in drilling and devolution and devolution are used in drilling and devolution. The Electric Gamma Ray Well Geotechnical/Geo Survey Other (described to water well construction) Industrial Public Supposition: Valve The Survey of the Construction of	elopment: y Density Sonic Neutron ological Investigation Groun on, skip the remainder of this b ly Irrigation Fish Culture Other (describe) land surface Date measured oe air line other: oe of grout (circle one) Neat Ce	Other: d Source Heat Pump lock Tother: Tother: Bentonite Mix Puc	
Cocation of the source of any surface walkethod of dosing and volume of Chlorin Logs run (circle all applicable): Volog run (circle all applicable): Value of Seismic If drilling is not related Purpose of Well (check one): Home If a flowing well, method of flow regulation Static Water Level: 37 feet all Method of Measurement (circle one) (compared to a compared to a compa	reen diameter:	elopment: y Density Sonic Neutron ological Investigation Groun on, skip the remainder of this b ly Irrigation Fish Culture Other (describe) land surface Date measured oe air line other: oe of grout (circle one) Neat Ce inches Type of casing: inches Type of screen:	Other: d Source Heat Pump lock Tother: Tother: Bentonite Mix Puc Puc	
Cocation of the source of any surface war Method of dosing and volume of Chlorin Logs run (circle all applicable): Volog	reen diameter: Setting depth: From	clopment: y Density Sonic Neutron clogical Investigation Groun ce) on, skip the remainder of this b ly Irrigation Fish Culture Other (describe) land surface Date measured ce air line other: ce of grout (circle one) Neat Te ce inches Type of casing: inches Type of screen: 130 feet to	Other: d Source Heat Pump lock Cother: 7-1-05 Mem Bentonite Mix Puc Puc Yu feet	

Other (describe): ____

Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page

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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	0	30
Grandi Pluy	30	60
eluip	60	120
Sandy	120	130
(urse Sound)	130	140
		1
· · · · · · · · · · · · · · · · · · ·		

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

1	enty layout and include the following: 1) the well location: 2) any permanent structures on the property that may it in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; a north arrow.	and reduced the contribution of the process of the contribution of
Landowner Na	ne: Staren Water	The second of th

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

BUAS Fitzgeven W

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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STATE WELL REPORT Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Permit #: ____

For Office Use Only:			
Aquifer:			
Well #: K-94			
Elevation:			

Driller: P. Pzglow Id Well Slopp	Office of Land and Water Resources		- Addition		
Date completed: 2-1-05	P.O. Box 10631		Well #: K-94		
Date completed:	Jackson, MS 39289-0631 (601)961-5210		Well #:		
Copy information from block on Part 1	,	54-6938 (fax)	Elevation:		
<u> </u>		* *	l i		
This part of the report must be completed le report must be attached and both parts file	by a licensed water well	contractor or a licensed pump in	staller. A copy of Part 1 of the		
report must be attached and both parts file Well Owner Informati	- vom me Department	at the above address within 30 da	tys of well completion.		
on Owner Informati	VII	Well	Location		
Owner Name: Sleven water	<u> </u>	Latitude:	Longitude:		
Mailing Address: uppe Gluddy Rd		Method of Lat/Long (check one): Conventional Survey			
		USGS quad Hand-held GPS Survey-grade GPS			
Smolh dule my					
City State Zip Code					
	•	Distance Direction	Nearest Town		
Telephone No. ()		realest Town			
10. ()		5 Miles East of	East FOUT,		
Pump Type		Pow	ver Type		
Circle one			cle one		
Air Lift Jet	Submersible	Diesel Engine Gasoline	Engine Natural Gas		
	Turbine	Electric Motor Hand	Tractor PTO		
	Flowing Well		pecify):		
Other (specify):		Horse Power Rating of Motor:	4		
Date Pump Installed: 7-/-05,		Setting Depth: 90	feet		
Rated Pump Capacity: 12 C	Gallons Per Minute	Number of Stages:	1		
Pump Test Data		Method of Moo			
Date Well Tested:			suring Water Level ele one		
Static Water Level (A):Feet B		Air Line Electric Measu			
Pumping Water Level (B):Feet Be	elow Land Surface	Other (specify):			
rawdown [(B) - (A)]: Feet Below Land Surface		For flowing well, measured shut in head:feet			
	g Rate:Gallons Per Minute		Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours		feet after	hours of pumping		

1 HERERY CERTIEV that the state of the state	
1 HEREBY CERTIFY that the above statements are true to the best	of my knowledge A
A state of the ocean	or my knowledge.
0.156	
Brod Fitzena d 024.	D 1/14-11//
Did it struct to	Sample all aller
Print Name of Pump Installer and License No. (if applicable)	3000
Time Name of Pump Installer and License No. (if applicable)	C: W 0.7
to the troit (if applicable)	Signature of Pump Installer

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