| State Well Report | | | |
|---|--|---|--|
| County: Ante | Part 1 – Driller's Log | | For Office Use Only: |
| | | t of Environmental Quality | Aquifer: |
| Permit #: | Office of Land a | and Water Resources | Well #: K- 100 |
| Driller: Fitzeruld Well Source | P.O. I | 3ox 10631 | Well #: |
| • | Jackson, N | 1 S 39289-0631 | L. S. Elevation: |
| Date drilling completed: 3-29-06. | | 961-5210 | |
| | (601)35 | 4-6938 (fax) | E-log #: |
| State Law requires that this repor Department at the above address | within 30 days of comp | ense holder responsible for i detion of drilling of the well | the work and filed with the or borehole. |
| Information on Well C |)wner | | rehole Location |
| (Landowner if borehole is not for | r a water well) | Lasin da . 0 | |
| Owner Name Penny Tuylow. | | Landide: | " Longitude:" |
| Mailing Address: Tanc & aho | Mailing Address: Tang paho, Method of Lat/Long (cir | | e): Conventional Survey, |
| 37 | | USGS quad, Hand-held | GPS, Survey-grade GPS |
| Summer m | ζ, | ¼¼ Sec_2 | Twn_3N Rng GE |
| City Stat | City State Zip Code Distance Direction Selephone No. () | | Nearest Town |
| Telephone No. () | | Miles(| of million of |
| | Well / Borel | noie Data | |
| Date drilling started 3-29-06 Date dril | lling completed: 3-29-0 | Hole depth: 80 | Hole diameter: 8 |
| Location of the source of any surface water Method of dosing and volume of Chlorine | used for drilling | | |
| Logs run (circle all applicable): No log run Name of organization running log(s): | Electric Gamma Ray | | |
| Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump | | | |
| Seismic Si | urveyOther (describe) | | |
| If drilling is not related to water well construction, skip the remainder of this block | | | |
| Purpose of Well (check one): HomeIndustrial _ Public SupplyIrrigationFish CultureOther: Pour House, | | | |
| If a flowing well, method of flow regulation: Valve Other (describe) | | | |
| Static Water Level: 25 feet above or below (circle one) land surface Date measured: 329-06. | | | |
| Method of Measurement (circle one) etect tape electric tape air line other: | | | |
| Well depth: Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix | | | |
| Casing length: 60 feet Casing diameter: 4" inches Type of casing: PUC | | | |
| Screen length: 20 feet Screen diameter: 4" inches Type of screen: Puc | | | |
| Screen slot size: | | | |

Gravel packed Underreamed Telescoped Open hole Natural Development

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

Type of completion (circle all applicable):

Top of lap pipe or reduction in casing:

Other (describe):

Form: OLWR-SWR-1A

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| he skete | .b balan | . aak | in- | - Same | | 11 |
|----------|----------|----------|---------|--------|--------|-----|
| MC SACH | ir below | , onuv r | SERVICE | 105 | WHEET. | No. |

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

| If well telescopes, show depths on sketch. Ground Level | | | |
|--|---|--|--|
| 50 012 70 Blank | | | |
| 80' | İ | | |

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| | Ground Level | |
| (w/r | 0 | 20 |
| crule. | 20 | 40 |
| Sculd & starle | 40 | 50 |
| (ourse, - Sand' | 50 | 60 |
| Five Sand | 60 | 20 |
| course Sand, | 76 | 80 |
| | | |
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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 t aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the 4) a north arrow. | he property that may property and the well; |
|---|---|
| Landowner Name: Penny Tuylor | Form: OLWR-SWR-1A |

d, 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

| Bruc | Fitzerald |
|------|-----------|
| • | |

029 4-16-06.

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Print Name of Responsible Licensee and License No. Pump set by the wavehouse

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STATE WELL REPORT

Part 2

(601)354-6938 (fax)

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)961-2210

(601)961-2210

| For Office Use Only: | | |
|----------------------|--|--|
| Aquifer: | | |
| Well #: | | |

| This report should be prepared by the pump installer in deta installation of pump. | il and filed with the Department within 30 days of the |
|--|--|
| Well Owner Information | Well Location |
| Owner Name: Penny Taylor | Latitude:Longitude: |
| Mailing Address: Tange fahra | Method of Lat/Long (circle one): Conventional Survey, |
| | USGS quad, Hand-held GPS, Survey-grade GPS |
| Sity State Zip Code | 1414 Sec_2Twn_3NRng_6F |
| 2 Dip code | Distance Direction Nearest Town |
| Telephone No. () | 5 Miles west of Africale. |
| Pump Type | Power Type |
| Circle one | Circle one |
| Air Lift Jet Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): |
| Other (specify): | Horse Power Rating of Motor: 3 H. |
| Date Pump Installed: 6-23-06 | Setting Depth:feet |
| Rated Pump Capacity:Gallons Per Minute | Number of Stages: |
| Pump Test Data | Method of Measuring Water Level |
| Date Well Tested: 6-73-04 | Circle one |
| Static Water Level (A): 75 Feet Below Land Surface | Air Line Electric Measuring Line Steel Tape |
| Pumping Water Level (B): 69 Feet Below Land Surface | Other (specify): |
| Drawdown [(B) - (A)]: LP Feet Below Land Surface | For flowing well, measured shut in head:feet |
| Test Pumping Rate:Gallons Per Minute | Well yieldedGPM with a drawdown of |
| Duration of Pump Test (minimum 4 hours):hours | feet afterhours of pumping |
| | |
| I HEREBY CERTIFY that the above statements are true to the best of | f my knowledge. |
| Print Name of Pump Installer and License No. (if applicable) | Signature of Pump Installer |
| | JUN 3 0 2006 |

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