STATE WELL REPORT	
County: <u>Amik</u> Part 1	For Office Use Only:
Permit #: Driller's Log	Well #: 1/4 13 4
Mississippi Department of Environmental Out	Aquifer:
Driller: <u>Fitzgeralch Well</u> Office of Land and Water Resources P.O. Box 2309	
Date drilling completed: UIU IU Jackson, MS 39225-2309	E-Log #:
(601)961-5210 (601)360-0535 (fax)	
State Law requires that this report be prepared by the license holder responsible	for the work and flat with the
Department at the above address within 30 days of completion of drilling of the	well or borehole.
	Borehole Location
$ $ atitude: $3 ^{\circ} ^{\circ} ^{\circ} ^{\circ} ^{\circ} ^{\circ} ^{\circ} ^{\circ}$	2"Longitude: <u>90° 36' 45.5</u> "
Owner Name:	ck one): Conventional Survey,
	eld GPS, Survey-grade GPS
Liberty MS Siv 4, Siv 4,	Sec. 3.3 T $3N$ R $4E$
Miles	of
Telephone No. () (Distance) (Distance)	on) (Nearest Town)
Well / Borehole Data	
Date drilling started: $(\frac{\omega}{10})$ 14 Date drilling completed: $(\frac{\omega}{10})$ Hole depth:	1901
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 Ne	eutron Other:
Name of organization running log(s):	
Purpose of borehole (circle one): (Water Well Geotechnical/Geological Investigation	Ground Source Heat Pump
	· · ·
If drilling is not related to water well construction, skip the remain	nder of this block
Other (describe):	
Other (describe): Other (describe): Other (describe) Othe	Fish Culture
Other (describe): Other (describe) Other (describe)	Fish Culture
Other (<i>describe</i>): Other (<i>describe</i>) Other (<i>describe</i>) Other (<i>describe</i>) Other (<i>describe</i>) Static Water Level: Get [above or below] land surface Date measure (<i>circle one</i>)	ured:
Other (describe): Other (describe) Other (describe) Other (describe) Other (describe) Static Water Level: feet [above_or feet [above_or] land surface Date measurement (circle one): Steel tape Electric tape Air line Other (describe)	ibe);
Other (describe): Other (describe) Other (describe) Other (describe) Other (describe) Static Water Level: feet [above_or feet [above_or] land surface Date measurement (circle one): Steel tape Electric tape Air line Other (describe)	ibe);
Other (<i>describe</i>): Other (<i>describe</i>) Other (<i>describe</i>) Other (<i>describe</i>) Other (<i>describe</i>) Static Water Level: feet [above_or	Fish Culture
Other (describe):	ibe):
Other (describe):	Fish Culture ared: (o/16/14) be): ne): Neat Cement: Bentonite Mix of casing: of screen:YC
Other (describe):	Fish Culture ured: $(o/10/14)$ ibe): ne): Neat Cement: Bentonite Mix of casing: PVC of screen: PVC to 180 feet
Other (describe):	Fish Culture ured: $(o/10/14)$ ibe): ne): Neat Cement: Bentonite Mix of casing: PVC of screen: PVC to 180 feet
Other (describe):	Fish Culture ured:
Other (describe):	Fish Culture Fish Culture Fish Culture Fish Culture Fish Culture Fish Culture F

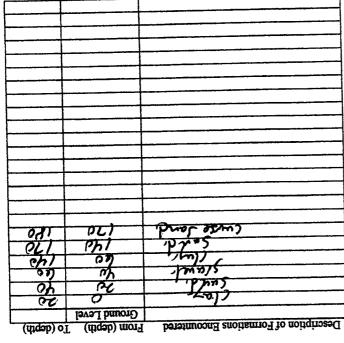
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Form: OI WR-SWR-1A (4/13)

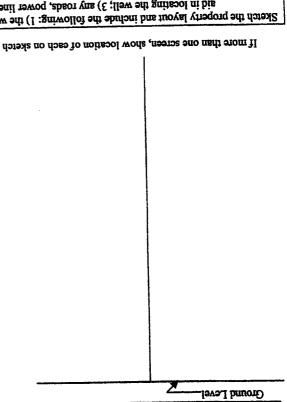
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

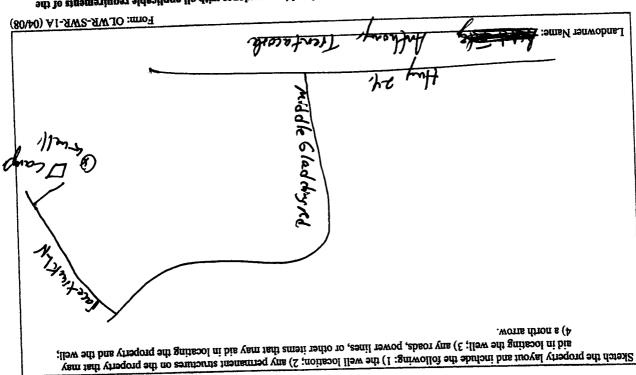
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The sketch below only required for water wells



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Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the

€]ate Signature of Licensee 11-91-9 500

Print Name of Responsible Licensee and License No.

mr w

GANE

STAT		
SIAI	TE WELL REPORT	
County:Amite	Part 2	For Office Use Only:
Permit #: Pump In Mississioni [Istaller's Completion Report Department of Environmental Quality	Well #: <u>F 134</u>
Driller: <u>Fitzgerald Well</u> Office	e of Land and Water Resources	weil #: <u>/ / / / /</u>
Date completed:	P.O. Box 2309 Jackson, MS 39225-2309	Aquifer:
Copy information from block on Part 1	(601)961-5210	
	(601) 360-0535 (fax)	
This part of the report must be completed by a license of the report must be attached and both parts filed wit	d water well contractor or a licensed pun th the Department at the above address w	np installer. A copy of Part 1
Well Owner Information		ocation
Dwner Name: <u>Anthony</u> Trentacosle Mailing Address: <u>Racetrace</u> Ln	Latitude: <u>31° 10' 33.2''</u> Long	gitude: <u>90° 36' 45.5'' -</u>
Mailing Address: <u>Racetrack</u> Ln	Method of Lat/Long (check one)	: Conventional Survey,
	USGS quad, Hand-held GF	PS, Survey-grade GPS
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	Miles of	(Nearest Town)
Telephone No. ()	(Distance) (Direction)	(Nearest Town)
Pur	mp Type (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing	Well Jet Piston Rotary Other (des	cribe):
Date Pump Installed: (6/16/14	Rated Pump Capacity:	Gallons Per Minute
s This Pump (circle one): New Repaired Repla	acement	
	ver Type (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO		
Horse Power Rating of Motor: Settin	g Depth: <u>75</u> feet Number (of Stages: <u>8</u>
Pump Test	Data for Non Flowing Well	
Date Well Tested:	Duration of Pump Test (minimu	Im 4 hours): hours
Static Water Level (A): Feet Below Land S	urface Pumping Water Level (B):	Feet Below Land Surface
Drawdown [(B) - (A)]:Feet Below La		
Wethod of measurement (circle one): Steel tape Elec	ctric tape Air line Other (describe);	
	est Data for Flowing Well	
Vacurad chut in hand.		
neasureu shul in neau;teet.		
	feet_after	nours of pumping
Well yieldedGPM with a drawdown of _	feet_afteri	nours of pumping
Well yieldedGPM with a drawdown of	Aeter Installation	
Well yieldedGPM with a drawdown of Weter Manufacturer:	Meter Installation Meter Serial Number:	
Well yieldedGPM with a drawdown of N Meter Manufacturer: Meter Model Number/Name:	Meter Installation Meter Serial Number: Type of Meter:	
Well yieldedGPM with a drawdown of Weter Manufacturer: Meter Model Number/Name: Fotalizer Register Unit and Multiplier Factor (AF x .00	Meter Installation Meter Serial Number: Type of Meter: 01, gal x 1000, etc):	
Well yieldedGPM with a drawdown ofN Weter Manufacturer: Weter Model Number/Name: Fotalizer Register Unit and Multiplier Factor (AF x .00 nstallation Date: Meter installer	Meter Installation Meter Serial Number: Type of Meter: D1, gal x 1000, etc): d by:	
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .00 Installation Date: Meter installe Is This Meter (circle one): New Repaired Repl Important: By submitting the above information you	Meter Installation Meter Serial Number:	ed to manufacturer standards.
Well yieldedGPM with a drawdown of Weter Manufacturer: Weter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .00 Installation Date: Meter installer s This Meter (circle one): New Repaired Repl Important: By submitting the above information you	Meter Installation Meter Serial Number:	ed to manufacturer standards.
Well yieldedGPM with a drawdown ofN Meter Manufacturer: Meter Model Number/Name: Fotalizer Register Unit and Multiplier Factor (AF x .000 nstallation Date: Meter installer S This Meter (circle one): New Repaired Repl Important: By submitting the above information you For agricultural wells, a list	Meter Installation Meter Serial Number:	ed to manufacturer standards.

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