State W	Vell Report			
l /1 /	-	For Office Use Only:		
County: Mississippi Departmen	Part 1 – Driller's Log Mississippi Department of Environmental Quality Aquifer:			
Permit#: Office of Land a				
	Office of Land and Water Resources P.O. Box 2309 Well #:			
Jackson (601)	n, MS 39225 961- 5210	L. S. Elevation:		
Data delling completed (CII 5)	1- 5228 (fax)	77.1		
		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	tion on Well Owner Well or Borehole Location			
(Landowner if borehole is not for a water well)				
Owner Name Wallace Brand.	Latitude 7 9 7 7 9 4	9 Longitude: 908 2 365		
Mailing Address: Or. Andraca Rd	Method of Lat/Long (circle on	e): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS			
Claster Mo- City State Zip Code	NE 4 NE 4 Sec 8	Twn 2N Rng AL		
City State Zip Code	Distance Direction	Nearest Town		
Telephone No. ()	Miles	of		
Well / Borehole Data				
Date drilling started: 1-28-13 Date drilling completed: 1-28-13. Hole depth: 130- Hole diameter: 8"				
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): To log run Electric Gamma Ray Density Sonic Neutron Other:				
Purpose of borehole (check one): Water WellGeotechnical/Geological Investigation Ground Source Heat Pump				
Seismic SurveyOther (describe)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 70 feet above or below (circle one) land surface Date measured: 1-28-13.				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one) Near Cement Bentonite Mix				
Casing length: 110 feet Casing diameter: 4" inches Type of casing: Pee				
Screen length:				
Screen slot size: 01%12 inches Setting depth: From 110 feet to 30.				

Underreamed Telescoped

Type of completion (circle all applicable): Gravel packed

Top of lap pipe or reduction in casing:

Other (describe):

Form: OLWR-SWR-1A (04/08)

Natural Development

Open hole

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

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The sketch below only required for water wells f well telescopes, show depths on sketch.	Description of formations encountered wells and boreholes, unless specificall	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations		
Ground Level	Description of Formations Encountered	From (depth)	To (depth)	
	2 vota productive of 2 variations characteristics	Ground Level	To (depai)	
	Cluy	0	20	
	Cluff.	20	40	
	clar	40	60	
	School.	60	8-6	
	Sand	80	100	
	Curse Sand	100	130	
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aid in locating the well; 3) any roads, power 4) a north arrow.	lines, or other items that may aid in locating the pr	operty and the wel	il;	
Glosler /		Certent	h	
		. Rd		
	— Hia N	adall		
	Di. Har	adai Rd		
indowner Name: Wallace Brand,		Och Can	<u>r</u>	
ndowner Name: Walkie Brand,			<u>r</u>	
	Form	G Can G Cuef a: OLWR-SWR-1	A (04/08)	
rtify that the well/borehole was drilled, constructed, a	Forn and completed in accordance with all applicable	Can Columnic OLWR-SWR-1 requirements of	A (04/08)	
tify that the well/borehole was drilled, constructed, a sissippi Department of Environmental Quality and the	Forn and completed in accordance with all applicable	Can Columnic OLWR-SWR-1 requirements of	A (04/08)	
endowner Name: Wallace Brand, ertify that the well/borehole was drilled, constructed, assissippi Department of Environmental Quality and the second of the s	Forn and completed in accordance with all applicable the Mississippi Department of Health regulations	Can Columnic OLWR-SWR-1 requirements of	A (04/08)	

BY: OLWI.

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STATE WE	LL REPORT For Office Use Only:		
I I I I I I I I I I	For Office Use Only:		
Pump Installer's	Completion Report Aquifer:		
Driller: Ectzeald willdere. Mississippi Departmen Office of Land a P.O.	t of Environmental Quality and Water Resources Well #:		
Driller: P.O.	Box 2309		
	, MS 39225 Elevation:		
Conv information from block on Part 1 (601)96	1-5228 (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 Department at the above address within 30 days of well completion.			
Well Owner Information	tion Well Location		
Owner Name: Wallace Brand	Latitude: 31° 9′ 30. 4″ Longitude: 90° 2′ 36.5″		
Mailing Address: Dr. Andewen Rd	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	NE "NE " Sec 8 T 2N R 3E		
	Distance Direction Nearest Town		
Telephone No. ()	Miles of		
Pump Type Circle one	Power Type 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:		
Date Pump Installed: 1-28-13.	Setting Depth: 125 feet		
Rated Pump Capacity: 20 Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Circle one Air Line Electric Measuring Line Seet Tape		
Static Water Level (A):Feet Below Land Surface			
Pumping Water Level (B):Feet Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]: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		
This is for (circle one): Replacement of Existing Pump Repair of Existing Pump			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
Brand Fitzen Id. Osq. But Illa			

Brad Fitzen L. O39
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer
Form: OLWR-SWR-1C (07-09)
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BY: CLV