	T STATE WELL REPORT	
County: <u>Amite</u>	Part 1	For Office Use Only:
Permit #:	Driller's Log	Well #: 177 113
Driller: Fitzgerald Well	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
Date drilling completed: 3-24-15	P.O. Box 2309	E-Log #:
	Jackson, MS 39225-2309 (601)961-5210	
	(601)360-0535 (fax)	
State Law requires that this report	t be prepared by the license holder responsible for the	he work and filed with the
Well Owner Informat	violen 30 days of completion of drilling of the well of	or borehole.
(Landowner if borehole is not for	n water well)	hole Location
Owner Name: Sidney Daigs	Latitude: 31° 9' 48" Lon	gitude: 90° 52' 24"
Mailing Address: Lower Cent	Mothed of lat /lane (-b): Conventional Survey
menning Address. Lower Cint	and the second	į .
3	USGS quad, Hand-held GI	
Libecty Ms City State	Zip Code	
Jule	Milesof	(Nearest Town)
Telephone No. ()	(Distance) (Direction)	(Nearest Town)
	Well / Borehole Data	
Date drilling started: 3-24-15 Nate	drilling completed: $3.24-15$ Hole depth: 120	/ Holo diameter O/I
Jack Date	· · · · · · · · · · · · · · · · · · ·	
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Form: OI WR-SWR-1A (4/13)

The sketch below only required for water wells

<u>if well telescopes.</u>	show depths	<u>on sketch</u> .
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)	fo (depth)
Description of 1 officerons	Ground Level	
flur	()	20
100"	20	Ga
Jena	Ge vi	20
(C C-vel		-
) (hy	70	10
(with bond	166	130
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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 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) a north arrow.
@ = well Hupsile
Hupsile
La house centerale Glade RI
Entap so 12
E Huy 24.
Landowner Name: Sydwey Day 61 Form: OLWR-SWR-1A (04/08)

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

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

County: Amitl Permit #: Driller: Fitzgescald Well Date completed: 3-24-15 Copy information from block on Part 1	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)	For Office Use Only: Aquifer: Well #:
report must be attached and both parts file	by a licensed water well contractor or a licensed pumped with the Department at the above address within 30	o installer. A copy of Part 1 of the days of well completion.
Well Owner Informat	· /	'ell Location
Owner Name: Sidney Daig Mailing Address: Lower Center		Longitude:
Maining Additions. The Control of th		one): Conventional Survey,
Liberta MS		Id GPS, Survey-grade GPSTR
Liberty MS City State	Zip Code Distance Direction	
Telephone No. ()		of
Pump Type	P	Power Type
Circle one Air Lift Jet		Circle one line Engine Natural Gas
Bucket Piston	Turbine Electric Metor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well Windmill Other	r (specify):
Other (specify):	Horse Power Rating of Moto	or: <u>1/2</u>
Date Pump Installed: 3-24-15	Setting Depth:	feet
Rated Pump Capacity: 12	Gallons Per Minute Number of Stages: 8	
Pump Test Data	Method of M	easuring Water Level
Date Well Tested:	Air Line Electric Me	Circle one sasuring Line Steel Tape
Static Water Level (A):Feet 1	Other (specify):	
Pumping Water Level (B):Feet B		
Drawdown [(B) – (A)]: Feet F		shut in head:feet
Test Pumping Rate:Gallons Per Minute		
	nours rect and	nome of humbing
This is for (circle one): New Well	Replacement of Existing Pump Repair of E	Existing Pump
I HEREBY CERTIFY that the above statement but of the statement of the stat	coe. But State	
Print Name of Pump Installer and License No	o. (if applicable) Signature of Pump I	Form: OLWR-SWB-1C (07-09) PECEVE

MAY 2 0 2015