State W	Vell Report		
County: Amile Part 1 - Driller's Log		For Office Use Only:	
Mississippi Departmen	Mississippi Department of Environmental Quality		
Permit #: Office of Land	and Water Resources	Well #: N-152	
I Imilee Tid CC II IN II CI ACVIA	Box 10631 MS 39289-0631	_	
Caracter Subasson, 1	)961-5210	L. S. Elevation:	
1 , ,	4-6938 (fax)	E-log #:	
	, ,		
State Law requires that this report be prepared by the lic Department at the above address within 30 days of com			
Information on Well Owner	Well or Bo	rehole Location	
(Landowner if borehole is not for a water well)	Latitude 31 . 8 . 78	" Longitude 90 .46 .34.3	
Owner Name AB Westbrook Poultry	08	" Longitude: 90 ° 46 '34'3  ae): Conventional Survey,	
Mailing Address: Huy 5fy	Method of Lat/Long (circle or	ne): Conventional Survey,	
Maning Address. 11 - 9 - 9 - 1	1 -	GPS, Survey-grade GPS	
Liberty me	NW 14 SE 14 Sec 14	Twn 2 N Rng 4	
City State Zip Code	Distance Direction	Nearest Town	
	Miles	of	
Telephone No. ()			
Well / Bore	chole Data		
Date drilling started: 8-24-0) Date drilling completed: 8-24-0	7 Hole depth: [24'	Hole diameter:	
Location of the source of any surface water used for drilling:  Method of dosing and volume of Chlorine used in drilling and deve	lopment:		
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(8):	Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water WellGeotechnical/Geol	ogical Investigation Ground	Source Heat Pump	
Seismic Survey Other (describe)			
If drilling is not related to water well construction	n. skip the remainder of this blo	eck	
Purpose of Well (check one): Home Industrial Public Supply	y Irrigation Fish Culture	Other: Poultry House	
If a flowing well, method of flow regulation: Valve C			
Static Water Level:feet above or below (circle one) land surface Date measured:			
Method of Measurement (circle one) steel tape electric tape air line other:			
Well depth: 124 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 104 feet Casing diameter: 4" inches Type of casing: PCC			
Screen length: 20 feet Screen diameter: 4"	inches	Pic	
Screen slot size: 017010 inches Setting depth: From 164 feet to 124 feet			
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open	hole Natural Development	
Other (describe):			

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

Form: OLWR-SWR-1A

Formation with tree in it. @ 105

The sketch	below only	required fo	or water wells

If well	telesco	pes, s	how	depths	on	sketch.
Ger	I baua	evel		_		

## 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	20
(lu-1'	20	40
Cravel	40	80
clavel	80	100
BENI Cluvel & Sand	100	124
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		<del> </del>

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

Print Name of Responsible Licensee and License No.

Sketch the property layout and include the following: 1) the well location, aid in locating the well; 3) any roads, power lines, or other is 4) a north arrow.  House Styles.	(2) any permanent structures on the property that may tems that may aid in locating the property and the well;
Sketch the property layout and include the following: 1) the well location, aid in locating the well; 3) any roads, power lines, or other is 4) a north arrow.  House Styles Styl	Yay.
	550
Landowner Name: A.B. West brook  I certify that the well/borehole was drilled, constructed, and completed	Form: OLWR-SWR-1

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

## STATE WELL REPORT

Part 2
Pump Installer's Completion Report

For Office Use Only:			
Aquifer:			
Well #: 152			
Elevation:			

Permit #:		Mississippi Departme	Mississippi Department of Environmental Quality  Aquifer:		
Driller Thylera	ld hell som	Office of Land	and Water Resources		
Dillici.	) C 4 )		P.O. Box 10631 Jackson, MS 39289-0631		V-152
Date completed:	<u>rg-0 ).</u>	(601	)961-5210	·	
Copy information from	block on Part 1	(601)35	54-6938 (fax)	Elevation:	
			contractor or a licensed pump at the above address within 30 o		
·	Well Owner Inform	nation		ll Location	
Owner Name: A. B	, -		Latitude: 3108 17.8 "	_Longitude: <u>9</u>	086134.71
Mailing Address:	Huy Soy		Method of Lat/Long (check of	ne): Convention	nal Survey,
			USGS quad, Hand-held	I GPS, Surv	ey-grade GPS
L <sub>Cit</sub>	y State	Zip Code	¼¼ Sec	T	R
)	, , , , , , , , , , , , , , , , , , , ,	in code	Distance Direction	Nearest To	own
Telephone No. (	)		Miles	of	
	Pump Type		D	wer Type	
•	Circle one			Circle one	
Air Lift	Jet	Submersible	Diesel Engine Gasoli	ne Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor Hand		Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill Other	(specify):	<del></del>
Other (specify):			Horse Power Rating of Motor	:: <u>3</u>	
Date Pump Installed:	8-29-07,		Setting Depth:	0	feet
Rated Pump Capacity	:_35^	Gallons Per Minute	Number of Stages:		
	Pump Test Dat	2	Method of Me	easuring Water	Level
Date Well Tested:				Circle one	
			Air Line Electric Me	asuring Line	teel Tape
Static Water Level (A	.):Fe	et Below Land Surface	Other (specify):		
		et Below Land Surface			
Drawdown [(B) - (A)	]:Fe	et Below Land Surface	For flowing well, measured s	hut in head:	feet
Test Pumping Rate: _		Gallons Per Minute	Well yielded	GPM with a	drawdown of
Duration of Pump Tes	st (minimum 4 hour	s):hours	feet after _		ours of pumping
		ements are true to the best of	of my knowledge.		
Brand Fitzgran	nkt	0291	Berl Stype	4-11	
Print Name of Pump	installer and License	e No. (If applicable)	Signature of Pump I	nstaller	

I HEREBY CERTIFY that the above statements are true to the best		
Bad Fitzgrahd 029	Bent Strank	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
	<b>V</b>	Form: OLWR-SWR-1B