	STATE WELL REPORT				
County: Amite	Part 1	For Office Use Only:			
Permit #:	Driller's Log	Well #: N 173			
	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:			
Driller: Fitzgerald Well	P.O. Box 2309	E-Log #:			
Date drilling completed: 5/23/14	Jackson, MS 39225-2309 (601) 9 61-5210				
	(601)360-0535 (fax)				
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.					
Well Owner Information	on Well or Bor	ehole Location			
(Landowner if borehole is not for a	Latitude: 31°7'52.4" Lo	noitude: 90°49'49.4"			
Owner Name: Jason Maxwe	elk				
Mailing Address: 6ounty Farm	Method of Lat/Long (check on	e): Conventional Survey,			
7	USGS quad, Hand-held (GPS, Survey-grade GPS			
lil-ii nos	SE 14 SW 14. Sec	17 T24N R4E			
Liberty MS City State	7in Codo				
Telephone No. ()	(Distance) (Direction)	of (Nearest Town)			
Total Total					
Method of dosing and volume of Chlorine Logs run (circle all applicable): No log run	e used in drilling:e used in drilling and development: Electric Gamma Ray Density Sonic Neutr Well Geotechnical/Geological Investigation				
Seismic Survey Other (describe)					
If drilling is not related to water well construction, skip the remainder of this block					
	forme Industrial Public Supply Irrigation				
Purpose of Well (circle all applicable): H		Fish Culture			
		Fish Culture			
Other (describe):	tion: Valve Other (describe)	r of this block Fish Culture JUN 16 2014			
Other (describe): If a flowing well, method of flow regulat					
Other (describe): If a flowing well, method of flow regular Static Water Level: 100 feet [tion: Valve Other (describe) [above or below] land surface Date measure	d: 5/23/14 OLW			
Other (describe): If a flowing well, method of flow regular Static Water Level: 100 feet [Method of measurement (circle one): Ste	(above or below) land surface Date measure (circle one)	d: 5/23/14 OLW			
Other (describe): If a flowing well, method of flow regular Static Water Level: 100 feet [Method of measurement (circle one): Ste Well depth: 142 Well grouted to a described from the second of	tion: Valve Other (describe) [above or below] land surface Date measure (circle one) eel tape Electric tape Air line Other (describe) depth of: feet Type of grout (circle one)	d: 5/23/14 ULW			
Static Water Level: 100 feet [Method of measurement (circle one): Ste Well depth: 142 Well grouted to a d Casing length: 132 feet Cas	Tion: Valve Other (describe) [above or below] land surface Date measure (circle one) eel tape Electric tape Air line Other (describe) depth of: feet Type of grout (circle one) sing diameter: inches Type of group of	Neat Cement, Bentonite Mix casing: PVC			
Other (describe): If a flowing well, method of flow regular Static Water Level: 100 feet [Method of measurement (circle one): Static Well depth: 142 Well grouted to a described described by the static way of the control of the c	tion: Valve Other (describe) [above or below] land surface Date measure (circle one) eel tape Electric tape Air line Other (describe) depth of: feet Type of grout (circle one) sing diameter: inches Type of grout diameter grout di	Neat Cement Bentonite Mix casing: PVC screen: PVC			

____feet

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

Other (describe): _

Top of lap pipe or reduction in casing: ___

To (depth) 132 9 Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by resulations 388 8 From (depth)
Ground Level 02388232 Description of Formations Encountered Carolel Sand Sand Coarse The sketch below only required for water wells If well telescopes, show depths on sketch. Ground Level.

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.		Hung us Received JUN 16 28"1 BY OLWR	
e the following: 1) the well location; 2) any 3) any roads, power lines, or other items that $x \cdot col(\mathcal{A})$	ubile nome		Maxwell
Sketch the property layout and includated in locating the well; 4) a north arrow.	Dear Manny		Landowner Name:

Form: OLWR-SWR-1A (04/08) is, if applicable, and state 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 1999 5-23-14 1848. Bild Elzerd

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT

County: Amita Permit #: Driller: <u>Fitzgerald</u>

Date completed:

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210

For Office Use Only:			
Well #: N 173			
Aquifer:			

	601)961-5210) 360-0535 (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	Well Location			
Owner Name: tason Maxwell	Latitude: 31° 7' 52.4" Longitude: 90° 49' 49.4"			
Mailing Address: County Farm Rol	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Liberty MS City State Zip Code	SE 1/2 SW 1/2, Sec 17 T DAN RAE			
Telephone No. ()	Miles of			
	oe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
Date Pump Installed: 5/23/14 R	lated Pump Capacity: 12 Gallons Per Minute			
Is This Pump (circle one): New Repaired Replacemen				
	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	imill Other (describe):			
Horse Power Rating of Motor: 3/4 Setting Depth	n: 130 feet Number of Stages: 12			
Pump Test Data for Non Flowing Well				
Date Well Tested:	Duration of Pump Test (minimum 4 hours): hours			
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B):Feet Below Land Surface			
Drawdown [(B) - (A)]:Feet Below Land Surfa	nce Test Pumping Rate:Gallons Per Minute			
Method of measurement (circle one): Steel tape	De Air line Other (describe):			
Pump Test Data	a for Flowing Well			
Measured shut in head:feet.	1			
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
Meter Installation				
Meter Manufacturer:	Meter Serial Number: Received			
Meter Model Number/Name:	JUN 10 -/114			
otalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
Installation Date: Meter installed by: BYOLVR				
ls This Meter (circle one): New Repaired Replacement				
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.				
HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
BIAC Extremald 029. 5-23.14. B. Stald				
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer				
	Forms Of MD Child AD ()			

Form: OLWR-SWR-1B (4/13)