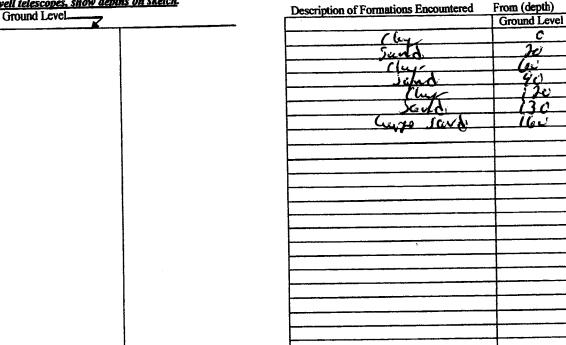
County:       Amitc       STATE WELL REPO         Permit #:       Part 1       Driller's Log         Driller:       Fitegerald Well       Mississippi Department of Environmen         Office of Land and Water Resour       P.O. Box 2309	tal Quality Inces
Date drilling completed:         4-13-15         F.O. Box 2509           Jackson, MS 39225-2309         (601)961-5210         (601)360-0535 (fax)	E-Log #:
State Law requires that this report be prepared by the license holder respo Department at the above address within 30 days of completion of drilling	onsible for the work and filed with the
Well Owner Information W	ell or Borehole Location
Latitude J Y	5.3 "Longitude: <u>46' 30,9"</u>
Method of Lat/Long	g (check one): Conventional Survey,
	land-held GPS, Survey-grade GPS
I WIN SE	4, Sec_1T_A NR_4E
City <sup>()</sup> State Zip Code	
Miles	of Direction) (Nearest Town)
Well / Borehole Data	
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sor Name of organization running log(s):	
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investig Seismic Survey Other (describe)	gation Ground Source Heat Pump
If drilling is not related to water well construction, skip the	remainder of this block
Purpose of Well (circle all applicable): Home industrial Public Supply Irri	igation Fish Culture
f a flowing well, method of flow regulation: Valve Other (describ	)e)
itatic Water Level:feet [above_or_below] land surface Date (circle one)	measured: <u>4-15-15</u>
Aethod of measurement (circle one): Steel tape Electric tape Air line Other	(describe):
Veli depth: <u>170'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (c	ircle one): Neat Cement Rentonite Miv
	Type of casing:PVC
creen length: <u>20<sup>i</sup></u> feet Screen diameter: <u>4<sup>ii</sup></u> inches	
creen slot size: . 010 inches Setting depth: From	
VDe of completion (circle all applicable) a final a literation	pen hole Natural Developmen RECE
	HECK
ther (describe):	

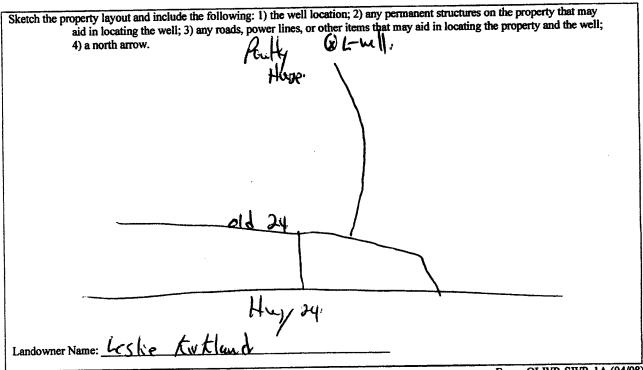
Form: OI WR-SWR-14 (4/17)

## The sketch below only required for water wells

if well telescopes, show depths on sketch.



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



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

laws. 074 4-15-15 FUZzenild

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

To (depth)

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Description of formations encountered must be provided for all

wells and boreholes, unless specifically exempted by regulations

County:       1 Amite         Permit #:       Pump Instal         Driller:       Fitzgenalal Well         Date completed:       4-15-15         Copy information from block on Part 1       (601)	WELL REPORT Part 2 ler's Completion Report ment of Environmental Quality and and Water Resources O. Box 2309 kson, MS 39225 501)961-5210 1)961-5228 (fax)	For Office Use Only:         Aquifer:         Well #:       N   ] ] ]         Elevation:
This part of the report must be completed by a licensed water w report must be attached and both parts filed with the Departme Well Owner Information	nt at the above address within 30 d	tys of well completion.
Owner Name: Arrowhead Farms		Location Longitude: <u>40° 46' 30.</u> 9"
Mailing Address:		
		e): Conventional Survey, GPS, Survey-grade GPS
Liberty MS City State Zip Code		TR
Liberty     1115       City     State     Zip Code	Distance Direction of	Nearest Town
Ритр Туре	Pov	/er Type
Air Lift Jet Submersible	Ci	rcle one Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (s	pecify):
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed: <u>4-15-15</u>	Setting Depth: 160	feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages:	
Pump Test Data Date Well Tested:		suring Water Level
Static Water Level (A):Feet Below Land Surface	Air Line Electric Meas	cle one uring Line Steel Tape
Pumping Water Level (B):Feet Below Land Surface	Other (specify):	
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shu	t in bandu Gal
Test Pumping Rate: Gallons Per Minute	Well yielded	
Duration of Pump Test (minimum 4 hours): hours		
r		hours of pumping
This is for (circle one): New Well Replacement of E	xisting Pump Repair of Exi	sting Pump
HEREBY CERTIFY that the above statements are true to the best $B_{142} = f_{2,000} \left( \frac{1}{2} \right)$ Print Name of Pure Installer and License No. (if applicable)	t of my knowledge. But fund Siggature of Pump Inst	aller Form: OLWR-SWR-1C (07-09)

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