	STATE WELL REPOR	T For Office Use Only:
county: Amite	Part 1	
	Driller's Log	Well #:
Permit #:	Mississippi Department of Environmental	Quality Aquifer:
Driller: Fitzperald well fence.	Office of Land and Water Resource P.O. Box 2309	E-Log #:
Date drilling completed: $11-20-13$,	Jackson, MS 39225-2309 (601)961-5210	,
	(601)360-0535 (fax)	
State Law requires that this report	be prepared by the license holder respons within 30 days of completion of drilling of	ible for the work and filed with the the the the the the the the well or borehole.
Well Owner informat	ion Wel	or Borehole Location
(Landowner if borehole is not for	Latitude: 3107	2" Longitude: <u>90° 36′ 34.4</u> ".
Owner Name: <u>Nike Zeigler</u>	Method of Lat/Long (check one): Conventional Survey,
Mailing Address: <u>Bates</u> Cohocile	USGS quad, Hai	nd-held GPS, Survey-grade GPS
Liberty MS.		_14, Sec2_ _T2NR_ <u>&E</u>
City State	Zip CodeMiles	rection) (Nearest Town)
Telephone No. ()	(Distance) (Di	rection) (Nearest Town)
	Well / Borehole Data	
Date drilling started: 1 - 20 - 13 Date Location of the source of any surface	well / Borehole Data e drilling completed: <u>[20 -]</u> Hole dep water used for drilling:	th: 73 Hole diameter: 0
	ine used in drilling and development:	
	run Electric Gamma Ray Density Son	ic Neutron Other:
Name of organization running log(s):		
Purpose of borehole (circle one): Water		
=	mic Survey Other (describe)	
If drilling is not re	elated to water well construction, skip the	remainder of this block
Purpose of Well (circle all applicable):		igation Fish Culture
Other (describe):		
If a flowing well, method of flow reg	ulation: Valve Other (describ	be)
	et [above or below] land surface Date (circle one)	
Method of measurement (circle one):	Steel tape Electric tape Air line Other	(describe):
	a depth of: <u>io</u> feet Type of grout (casing diameter: <u>9</u> "inches	
Casing length: 83 feet	Lasing diameter: _/inches	<u>.</u>
Screen length:feet		Type of screen: Pcc
Screen slot size:inche	Joenny dopon view	Open hole Natural Development
Type of completion (circle all applica	ble): Gravel packed Underreamed	open note mutanut seretapinans

Form: OI WR-SWR-1A (4/13)

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

Other (describe):

Top of lap pipe or reduction in casing: _

County: Amite		For Office Use Only:
Permit #:	W	ell #:
The sketch below only required for water wells	<u>Description of formations encour</u> and boreholes, unless specifically	ntered must be provided for all wells wexempted by regulations
If well telescopes, show depths on sketch.	,	
Ground Level	Description of Formations Encounter	red From (depth) To (depth) Ground level
	Clay.	0 20
	Safra.	20 40
	gravel Curse Sand	40 60
	Curse Sand	tyrul 60 93
•		
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 a 3) any roads, power lines, or other items that may aid is 4) north arrow	Howard the property and the well would be said to the well side of the said to the well side of the well sid	ell
Hamp hea Ro	,	
· •		
104 - 1		
Landowner Name: Mike Zeigler		
I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Enviror if applicable, and state laws.	constructed, and completed in acc mental Quality and the Mississippi I	ordance with all applicable Department of Health regulations,
brad Fetzarald. 024.	11-20-13 Bultile	1
Print Name of Responsible Licensee and License No.	Date Si	gnature of Licensee Form: OLWR-SWR-1A (4/13

STATE WELL REPORT

County: Amite Permit #: Driller: Fitzgeraf Well Date completed: 11-20-13.

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

For Office Use Only:			
Well #: <u>F108</u>			
Aquifer:			

	601)961-5210			
(601) 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				
	Department at the above address within 30 days of well completion.			
Well Owner Information	Well Location Latitude: 3107 2 Longitude: 90 36 34.4 Longitude:			
Owner Name: Mitte Zeigler	Latitude: 31 7 2 Longitude: 10 16 74.9			
Mailing Address: butes school Rd.	Method of Lat/Long (check one): Conventional Survey,			
4	USGS quad, Hand-held GPS, Survey-grade GPS			
Line-ly MS City State Zip Code	1¼1¼, Sec T R			
City / State Zip Code	Miles of (Distance) (Direction) (Nearest Town)			
Telephone No. ()	(Distance) (Direction) (Nearest Town)			
Pump Ty	pe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):				
Date Pump Installed: 11-26-131 Rated Pump Capacity: 20 Gallons Per Minute				
Is This Pump (circle one): (New Repaired Replacement Power Type (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
Horse Power Rating of Motor: Setting Dept				
Pump Test Data for Non Flowing Well				
Date Well Tested: bours 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 Surface Test Pumping Rate:Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Pump Test Data for Flowing Well				
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
Meter Installation				
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name:	Type of Meter:			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
Installation Date: Meter installed by:				
Is 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.				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Ben Fetziereld. 6290 11-20-13 Related				
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer				
(1)	Form: OLWR-SWR-1B (4/13			