	STATE	WELL REPORT				
County: Hnde		Part 1	For Office Use Only:			
Permit #:	Driller's Log		Well #: 1			
Driller: Titzuald will fewer	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:			
Date drilling completed: 6-30-16	i	P.O. Box 2309	E-Log #:			
		on, MS 39225-2309 (601)961-5210				
		1)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	T	<i>r borehole.</i> hole Location			
(Landowner if borehole is not for a	a water well)	Latitude: 3167 31.4 " Lon	Į.			
Owner Name: Sharron Honea						
Mailing Address: Humplea R	24	Method of Lat/Long (check one)	: Conventional Survey,			
		USGS quad, Hand-held GI	_			
hiberry Ms		<u> 3E 4 NE 4, sec]</u>	9 TAN RICE			
City / State	Zip Code	Miles of				
Telephone No. ()		(Distance) (Direction)	(Nearest Town)			
		orehole Data				
Date drilling started: 6-30-15 Date of	irilling completed:	G-30-15 Hole depth:	Hole diameter:			
Location of the source of any surface wa	ater used for drillin	g:				
Method of dosing and volume of Chlorine used in drilling and development:						
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:						
Name of organization running log(s):						
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump						
Seismic Survey Other (describe)						
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 Irrigation Fish Culture						
Other (describe):						
If a flowing well, method of flow regulat	ion: Valve	Other (describe)				
Static Water Level: 85 feet [above or below] land surface Date measured: 630-15-						
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):						
Well depth: 130 Well grouted to a depth of: 16 feet Type of grout (circle one): Next Cement Bentonite Mix						
Casing length: 120 feet Casing diameter: 4" inches Type of casing: Poc						
Screen length: 10' feet Screen diameter: 4" inches Type of screen: Pcc						
Screen slot size: 010 inches Setting depth: From 120' feet to 130' feet						
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development						
Other (describe):AUG_1 2 2015						
op of lap pipe or reduction in casing:feet						
If telescope	d or more than on	e screen, describe on next page	BY: Dim			
			Form: OI WR-SWR-1A (4/13)			

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

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

_	From (depth)	To (denth)
Description of Formations Encountered	Ground Level	TO (dopai)
	Ground Level	20
C(0-1-		1 20
Somo	20	40
Claye	40	Gc .
Sand.	Ceo	100
Cluye	(Oc/	110
	110	(20
Course sand	120	130
Course Sand	 	100
		
		

ketch the property layout and include the following: 1) to aid in locating the well; 3) any roads, power	he well location; 2) any r lines, or other items th	permanent structures on the property that may lat may aid in locating the property and the well;
4) a north arrow.		
andowner Name:		
andowner Name:		Form: OLWR-SWR-1A (04
ertify that the well/borehole was drilled, constructed	d, and completed in ac	cordance with all applicable requirements of the
ississippi Department of Environmental Quality and	1 the Mississippi Depa	rtment of Health regulations, if applicable, and sta
RIAD FITZGORALD. 029.	6-30-15	1200 / 600
ws. BIAD FITZERALD. O24. rint Name of Responsible Licensee and License No.	Date	Signature of Licensee

STATE W	ELL REPORT			
$\Lambda = \Lambda = \Lambda$	Part 2 For Office Use Only:			
Pump Installe	r's Completion Report Aquifer:			
Permit #: Mississiani Denortm	and the second second			
I Driver Pitch by a tri Cott and a factor	and Water Resources New 2309 Well #:			
Patronameter de 30 de la	MC 2007			
Date completed: (60	1)961-5210 Elevation:			
Copy information from block on Part 1 (601)	961-5228 (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: Sharron Honea.	Latitude: 310 9 31.4" Longitude: 90 38 14.5=			
Mailing Address: Hampfea Rd.	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Linesty MS City State Zip Code				
Telephone No. ()	Distance Direction Nearest TownMilesof			
Pump Type	Power Type			
Circle one	Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor:			
Date Pump Installed: 6-30-15	Setting Depth: //0 feet			
Rated Pump Capacity: 20 Gallons Per Minute	Number of Stages:			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested:	Circle one Air Line Electric Measuring Line Steel Tage			
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):			
Pumping Water Level (B):Feet Below Land Surface	Other (specify).			
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours): hours	feet afterhours of pumping			
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Biad Estimald 029 Bultill				

Bind riggerald OM.
Print Name of Pump Installer and License No. (if applicable)

AUG 1 2 7015

Form: OLWR-SWR-1C (07-09)