	STATE	WELL RE	PORT				
County: 1Amite		Part 1		For Office Use			
Permit #:	Driller's Log			Well #: 12	1		
Driller: Fitzgerald Well	Mississippi Department of Environmental Quality Office of Land and Water Resources			Aquifer:			
Date drilling completed: 4-20-15	ı	P.O. Box 2309		E-Log #:			
	Jackson, MS 39225-2309 (601)961-5210						
(601)360-0535 (fax)							
State Law requires that this report	be prepared by the	license holder	responsible for t	the work and filed with	the		
Department at the above address w	inun <i>su aays of col</i> ion	npietion of dri		or borehole. Phole Location			
(Landowner if borehole is not for	a water well)	3	יינים וני איני פייני	ngitude: <u>90°34</u>	u B c V		
Owner Name: Bobby Temple		Latitude:	Lor	ngitude: 16 3 4	70 8		
Mailing Address: Braham R		Method of Lat	Long (check one	e): Conventional Survey			
		USGS quad	, Hand-held G	PS Survey-grade (SPS		
Liberta MS				14 TIN R			
Liberty MS State	Zip Code						
Telephone No. ()		Mile (Distance)	S 01 (Direction)	f(Nearest Town			
			(5	(New est TOWN	<u>'</u>		
		orehole Data					
Date drilling started: 4-20-15 Date	drilling completed:	<u>4-20-15</u> Ho	le depth: <u>158</u>	Hole diameter:	3"		
Location of the source of any surface wa	ater used for drillin	g:					
Method of dosing and volume of Chlorin							
Logs run (circle all applicable): No log pa							
Name of organization running log(s):				Odier.			
Purpose of borehole (circle one): Water		al/Geological in		Ground Source Heat Pum			
Seismic		iescribe)					
If drilling is not rela	•	•	the remainder	of this block			
Purpose of Well (circle all applicable); H				îsh Culture			
Other (describe):		417					
If a flowing well, method of flow regulat	tion: Valve	Other (d	escribe)				
Static Water Level: 95 feet [above or below)	land surface	Date measured:	4-20-15			
Method of measurement (circle one): Ste							
Well depth: 159' Well grouted to a d	epth of: 10' fee	et Type of an	sit (circle one): *				
Casing length: 148' feet Casi	ing diameter:	inches			: MIX		
Screen length: 10' feet Scr		incheincheinche		reen: <u>PVC</u>			
Screen slot size:inches	Setting depth: f		-,		RECEIVED		
Type of completion (circle all applicable):			_	Natural Development	THEIVEL		
Other (describe):					MAY 20 2015		
Fop of lap pipe or reduction in casing:	feet and or more than one	SCIPPI docusi	ha an mand		BY DEME		

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

The sketch below only required for water wells

	
<u>If well telescopes, show depths on sketch</u>	
Ground Level	

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

Description of Formations Encountered	From (depth)	To (depth)
Description of 1 ordinates	Ground Level	
Chara		20
Clay	20	40
Clad.	40	80
ifcul'	80	100
James	TOU	130
	130	140
Tard:	140	ISP
(upe Jand	175	100

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

Sketch the property layout and include the following: 1) the well location; 2) a aid in locating the well; 3) any roads, power lines, or other items 4) a north arrow.	any permanent structures on the property that may aid in locating the property and the well;
E Aug SP#	w
mibil Hone	whan Rd
Landowner Name: Bobby Temple.	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

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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 Owner Name: Pobly Temple Mailing Address: Branch Rd Method of Lat/Long (check one): Conventional Survey_ USGS quad, Hand-held GPS, Survey-grade GPS Liberty_ WS City State Zip Code Telephone No. () Pump Type Circle one Jet Gubmersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Molor Hand Tractor PTO Centrifugal Rotary Flowing Well Other (specify):	County: Amite Permit #: Driller: Fitzgerala well Date completed: 4-20-15 Copy information from block on Part 1	Pump Installer Pump Installer Mississippi Departme Office of Land P.O. Jackso (601)96	Part 2 S Completion Report Int of Environmental Quality and Water Resources Box 2309 In, MS 39225 1961-5210 161-5228 (fax)	For Office Use Only: Aquifer: Well #:	
Air Lift Bucket Piston Turbine Circle one Diesel Engine Diesel Engine Diesel Engine Circle one Gasoline Engine Natural Gas Picctric Motor Hand Tractor PTO Windmill Other (specify): Horse Power Rating of Motor: Setting Depth: Rated Pump Capacity: Date Pump Test Data Date Well Tested: Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Gallons Per Minute Circle one Air Line Blectric Motor Hand Tractor PTO Windmill Other (specify): Setting Depth: Circle one Air Line Electric Measuring Water Level Circle one Air Line Circle one Air Line Circle one Other (specify): Other (specify): Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of	report must be attached and both parts filed Well Owner Information Owner Name: Bobby Tempor Mailing Address: Brabham Liberty MS City State	d with the Department of on last constant of the Department of the	the above address within 30 days of well completion. Well Location Latitude: 3 (
Date Well Tested: Circle one 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 Circle one Air Line Electric Measuring Line Steel Tape Other (specify): For flowing well, measured shut in head: feet Well yielded GPM with a drawdown of	Circle one Jet Bucket Piston Centrifugal Rotary Other (specify): Date Pump Installed: 4-20-15	Turbine Flowing Well	Diesel Engine Gasoline Electric Motor Hand Windmill Other (s Horse Power Rating of Motor: Setting Depth:	ricle one e Engine Natural Gas Tractor PTO specify):	
	Date Well Tested: Static Water Level (A):Feet Be Pumping Water Level (B):Feet Be Drawdown [(B) - (A)]:Feet Be Test Pumping Rate:G	elow Land Surface elow Land Surface elow Land Surface allons Per Minute	Cir Air Line Electric Meas Other (specify): For flowing well, measured shu Well yielded	rcle one uring Line Steel Tape at in head:feet _GPM with a drawdown of	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

Signature of Pump Installer RECEIVED
Form: OLWR-SWR-1C (07-09)

MAY 2 0 2015