	STATE W	<b>ELL REPORT</b>	318
$\partial $		Part 1	For Office Use Onl
ounty: Amute	Driller's Log		1 11 40
•• ••		ent of Environmental Quality I and Water Resources	
riller: Fitzgivald hell Service	P.(	). Box 2309	
riller: <u>FitzClva Id Well Serv</u> ice ate drilling completed: <u>9-19-18.</u>	Jackson (60	, MS 39225-2309 11)961-5555	E-Log #:
ate ulitaring compression	(601)	961-5228 (fax)	
State Law requires that this report b	e prepared by the li	cense holder responsible for	the work and filed with the
State Law requires that this report a Department at the above address wi	thin 30 days of com	pletion of artiling of the wel	
Well Owner Information	on	Well or Bo	rehole Location
(Landowner if borehole is not for		Latitude: 31 4 54.1 L	ongitude: <u>90° 36 10.4</u>
Dwner Name: <u>Russ Revees</u>		Method of Lat/Long (check o	ne): Conventional Survey
Mailing Address:			GPS, Survey-grade GPS
·			
Gilsburg NS-			<u>CATIN R</u>
City State	Zip Code	Miles	of(Nearest Town)
Telephone No. ()		(Distance) (Direction)	(Nearest Town)
Location of the source of any surface w Method of dosing and volume of Chlori Logs run (check <i>all applicable</i> ): <b>Chog</b> r	vater used for drilling ne used in drilling an un Electric Bamm	g: Id development: Ia Ray Density Sonic New	utron Other:
Date drilling started: <u>9-19-18</u> . Date Location of the source of any surface w Method of dosing and volume of Chlorin Logs run (check all applicable): <b>D</b> tog r Name of organization running log(s): _ Purpose of borehole (check one): Water	vater used for drilling ne used in drilling an un Electric Bamm	g: Id development: Ia Ray Density Sonic New	utron Other:
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Form: OLWR-SWR-1A (4/13)

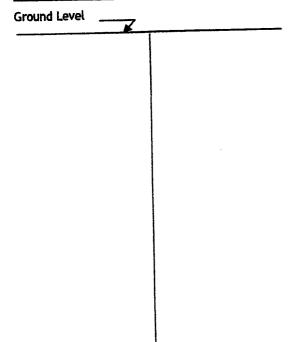
County:	
Permit #:	

## For Office Use Only:

Well #: 1142

## The sketch below only required for water wells

## If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
	From ( <i>depth</i> ) Ground level	
Chy-	0	20
couve!	0 20 40	40
Couvel. Curse Sand	40	40 68
		<u> </u>
		<u> </u>
		4
		<u> </u>

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) north arrow

	0	P F
Landowner Name:	<u>Nus</u>	Keeves

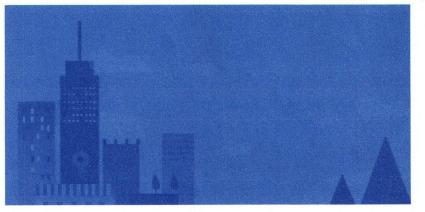
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Biad Etzarald	OZG.	9-19-18-	Billet	
Print Name of Responsible Lice	nsee and License No.	Date	Signature of Licensee	
FILL Name of Responsible Lice			Form: OLWR-SWR-	1B (4/13)

## Google Maps 31°04'54.1"N 90°36'10.4"W



Imagery ©2018 Google, Map data ©2018 Google 200 ft



31°04'54.1"N 90°36'10.4"W 31.081702, -90.602901

NA, MS

39JW+MR Gillsburg, Mississippi

Russ Reeves 68' 30' 30'

Ħ5

11/2 40

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•		
STATE W	ELL REPORT	
County: Amite	Part 2	For Office Use Only:
Permit #- Pump Installe	er's Completion Report	Well #:
Driller: Titzgerald well Server Office of Lan	nent of Environmental Quality nd and Water Resources	Well #:
9-19-18. P	9.0. Box 2309 on, MS 39225-2309	Aquifer:
Copy information from block on Part 1	601)961-5210	
(601 This part of the report must be completed by a licensed water	) 360-0535 (fax) r well contractor or a licensed put	np installer. A copy of Part 1
of the report must be attached and both parts filed with the L	Department at the above address w	othin 30 days of well completion.
Well Owner Information	Latitude: 31 4 54.1" Lon	ocation
Owner Name: Russ Reeves,		-
Mailing Address:	-	): Conventional Survey,
<u>-11</u>		PS, Survey-grade GPS
Gilsburg NS City State Zip Code		4 TIN RUE
Telephone No. ()	Miles o (Distance) (Direction)	f(Nearest Town)
	pe (check one)	south all.
Submersible Grunbine Air Lift Centrifugal Flowing Well	Luet Piston Kotary Dther (de	↔ College Des Minute
Date Pump Installed: 9-19-18.		Gallons Per Minute
Is This Pump (check one): Mew Repaired Replaceme	nt /pe (check one)	
Electric Diesel Gasoline Natural Gas		
Horse Power Rating of Motor: $\frac{1}{2}$ Setting Dep	where $50^{\circ}$ feet Number	r of Stages:
•	for Non Flowing Well	num 4 hours): hours
Date Well Tested:		
Static Water Level (A): Feet Below Land Surface		
Drawdown [(B) - (A)]:Feet Below Land Sur	<b>m m</b>	
Method of measurement (check one): Steel tape Electric	tape LAir line LOther (describe):	ETT
Pump lest Da	are for LIDAILS AGE	DECEIVED
Measured shut in nead:teet.	tone after	hours of purifier 2 1 2018
Well yieldedGPM with a drawdown of		Tuoris or Hathling ,
Method of measurement (check one): Steel tape Electric i Pump Test Da Measured shut in head:feet. Well yieldedGPM with a drawdown of Meter Manufacturer:Meter Model Number/Name:	Installation	OV OLWN
Meter Manufacturer:	Meter Serial Number:	51-
Totalizer Register Unit and Multiplier Factor (AF $ imes$ .001, ga	al x 1000, etc):	
Installation Date: Meter installed by:		
Is This Meter (check one): New Repaired Replacement		
Important: By submitting the above information you are For agricultural wells, d list of a		alled to manufacturer standards. vebsite.
I HEREBY CERTIFY that the above statements are true to t		1
Bud Fitzeruld 024. Print Name of Pump Installer and License No. (if applicable	e) <u>9-14-15-</u> <u><u>Relff</u></u>	ature of Pump Installer
	-	

Form: OLWR-SWR-2A (4/13)