State V	Vell Report				
	Part 1 – Driller's Log				
Mississinni Danartma	nt of Environmental Quality	Aquifer:			
Permit #:	and Water Resources	Well #: 2 - 42			
Diner.	ld hell ferro P.O. Box 10631				
3-9-4C.	MS 39289-0631	L. S. Elevation:			
)961-5210				
(601)35	54-6938 (fax)	E-log #:			
State Law requires that this report be prepared by the lic Department at the above address within 30 days of com	ense holder responsible for t pletion of drilling of the well	he work and filed with the or borehole.			
Information on Well Owner		rehole Location			
(Landowner if borehole is not for a water well)	310 21 512	1 600 11/2014			
Owner Name Enery May		"Longitude 50 % 46 38.2"			
Mailing Address: MGhot Rd	Method of Lat/Long (circle on	<i>i</i>			
	USGS quad, Hand-held	GPS, Survey-grade GPS			
1	Su 1/5 & 1/4 Sec 26	Tun 500 Pag 45			
neadulle ms	74 Jet 74 Sec 1	I WILL KING TE			
City State Zip Code	Distance Direction				
Telephone No. ()	Miles	of			
Well / Boro					
Date drilling started: 3-9-09. Date drilling completed: 3-9-0	G Hole double /07	Hala diamatan 9"			
Date uning completed, O	P Hole depth: 107	Hole diameter:			
Location of the source of any surface water used for drilling:					
Method of dosing and volume of Chlorine used in drilling and deve	lopment:				
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):					
Purpose of borehole (check one): Water WellGeotechnical/Geol	orical Investigation Ground	Course Heat Press			
Georgianical Georgianical Georgianical	ogical nivestigation Ground	Source Heat Fump			
Seismic Survey Other (describe)					
If drilling is not related to water well construction	n, skip the remainder of this blo	ck			
Purpose of Well (check one): HomeIndustrial Public Supply	Irrigation Fish Culture _	Other:			
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 83 feet above or below (circle one) l	and surface Date measured:	3-9-09			
Method of Measurement (circle one) teel tap electric tape	air line other:				
Well depth: 107 Well grouted to a depth of 10 feet Type	of grout (circle one): Neat Ceme	n) Bentonite Mix			
Casing length: 87 feet Casing diameter: 4'1					
Screen length: 26 feet Screen diameter: 4"	_inches Type of screen:	ve			
Screen slot size: 012/010 inches Setting depth: From 87 feet to 107 feet					
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open h	ole Natural Development			
Other (describe):					

Top of lap pipe or reduction in casing: _

Form: OLWR-SWR-1A

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



APR 08 2009

If well telescopes, show depths on sketch, Ground Level		wells and boreholes, unless specifically	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations			
		Description of Formations Encountered	From (depth)	To (doub)		
		Description of 1 officiations Lincountered	Ground Level	To (depth)		
		clant	O O	20		
		Telany	20	40		
		Sand	40	60		
		stavel	60	80		
		conso son d	1 80	100		
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and in rocating	the wen, 3) any roads, power	e well location; 2) any permanent structures on the lines, or other items that may aid in locating the pro	property that may perty and the well			
4) a north arro	W. chip. 1/					
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lowner Name: Emer	y May					
	MAK COLOMB D. W. T. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W	The state of the s				
	The state of the s		Form: OLWR-	SWR-1A		
fy that the well/boreho	le was drilled, constructed, a	nd completed in accordance with all applicable i	requirements of t	he		
sippi Department of E	nvironmental Quality and the	e Mississippi Department of Health regulations,	if amplication is			
	Cameri mene ser		n appucable, and	state		
1 = 6- 11	a . 1	o I Hill				
rd Futzgeraldr	Odgi 3	-4-09 Beel Hall				
Name of Responsible I	icensee and License No.			-		
	THE PARTY OF LIVE	Date Signature of License	TO DEC	7 37		
			ES 15 (2)	Common Sil 18 /		

STATE WELL REPORT

County: Frank in Driller: Frizgarald Well Service Date completed: 3-9-09

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631

Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquife		
Well #:	8-42	
Elevati	on:	

Copy information from block on Part 1 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 Latitude: 31° 21'543' Longitude: 90° 46' 38.2" Mailing Address: Method of Lat/Long (check one): Conventional Survey____, USGS quad . Hand-held GPS . Survey-grade GPS 1/4 1/4 Sec___T__R___ Zip Code Distance Direction Nearest Town Telephone No. (____) ___Miles _____ of ___ 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 Windmill Rotary Flowing Well Other (specify): Horse Power Rating of Motor: ___ Other (specify): __ 3-9-09. Date Pump Installed: feet Setting Depth: Rated Pump Capacity: 12 Gallons Per Minute Number of Stages: Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: Air Line Electric Measuring Line Static Water Level (A): _____Feet Below Land Surface Other (specify): Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: _____Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of feet after hours of pumping Duration of Pump Test (minimum 4 hours): _____hours

I HEREBY CERTIFY that the above	statements are true to the best of	f my knowledge.	i i
BIAd Fitzeald	024	f my knowledge. Bud Strall	
Print Name of Pump Installer and Li	cense No. (if applicable)	Signatury of Pump Installer	
			P. MILLIAM CHAIR AD