	J State w	ell Report	En Office Use Only	
County: FIAntin'	Part 1 – Driller's Log		For Office Use Only	
Permit #:	Mississippi Departmen	Aquifer:		
	Office of Land a	Well #: P-79		
Driller: Fitzgerald Will Serie.		Box 10631	I I I	
Date drilling completed: 10-13-05.			L. S. Elevation:	
Date unning completed.		4-6938 (fax)	E-log #:	
		1 0550 (Iux)		
State Law requires that this repo	rt be prepared by the lice	ense holder responsible for i	the work and filed with th	
		letion of drilling of the well		
Information on Well		Well or Bo	orehole Location	
$\left(\begin{array}{c} 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 $		Latitude:°" Longitude:^		
Gwiner Name Buddy Derell.				
Mailing Address: Allen R	4.	Method of Lat/Long (circle or	ne): Conventional Survey,	
maning Autorss.	v	USGS quad. Hand-held	GPS, Survey-grade GPS	
		-		
Milall creat a	hc	¼¼ Sec_10	TwnRng	
City Sta		Distance Direction	Nearest Town	
	-	Distance Direction <u>Miles</u>	of Mall Weeki	
Telephone No. ()	<u> </u>			
Location of the source of any surface wat Method of dosing and volume of Chlorin Logs run (circle all applicable): Yo log ru	er used for drilling: e used in drilling and devel	opment:		
Location of the source of any surface wat Method of dosing and volume of Chlorin Logs run (circle all applicable): Yo log ru Name of organization running log(s): Purpose of borehole (check one): Water W	er used for drilling: e used in drilling and devel n Electric Gamma Ray /ell Geotechnical/Geok	opment: Density Sonic Neutron ogical Investigation Ground	Othes	
Date drilling started: 10-13-cs Date dr Location of the source of any surface wat Method of dosing and volume of Chlorin Logs run (circle all applicable): Yo log ru Name of organization running log(s): Purpose of borehole (check one): Water W Seismic If drilling is not related	er used for drilling: e used in drilling and devel n Electric Gamma Ray /ell Geotechnical/Geok	opment: Density Sonic Neutron	Othes	
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RECEIVED OCT 2 8 2005 BY: OLWR

The sketch below only required for water wells Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations If well telescopes, show depths on sketch. Ground Level_ **Description of Formations Encountered** From (depth) To (depth) Ground Level C <u>ə c</u> 70 u \mathcal{D} c 20 40 40 60 60 150 50 200 (uuse

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

aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.
water + (x) + cump
ž l
Alles of the second
AllenRie
in the second seco
Landowner Name: Buddy Powell'

Form: OLWR-SWR-1A

P-79

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

Date

10-13-05

laws BIAd Fifzgerald

Budt

Print Name of Responsible Licensee and License No.

Signature of Licensee

RECEIVED OCT 2 8 2005 BY: OLWR

	STATE WE	LL REPORT			
County: Flanklin		nrt 2	For Of	fice Use Only:	
Permit #: N	Pump Installer's Completion Report Mississippi Department of Environmental Quality				
Driller: Fitzgrald Ukil Spice		nd Water Resources	Aquifer:		
	P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		Well #: <u>P</u> Elevation:		
Date completed: 10-13-05-					
Copy information from block on Part 1					
This part of the report must be completed by a	a licensed water well c	ontractor or a licensed pump	installer. A copy	of Part 1 of the	
report must be attached and both parts filed w	vith the Department at	the above address within 30	days of well com	pletion.	
Well Owner Information		W	ell Location		
Owner Name: Bucoy Poull.		Latitude:	Longitude:		
Mailing Address: Allen RJ,		Method of Lat/Long (check	one): Conventional Survey,		
		USGS quad, Hand-hel	d GPS, Surve	ey-grade GPS	
M (all Great MS) City State Zip Code		$\frac{1}{4} \frac{1}{4} \operatorname{Sec} I \underbrace{O}_{T} \underbrace{SE}_{R} \underbrace{SN}$			
City State	Zip Code	Distance Direction	Nearest To	wn	
		6 Miles Sruth			
Telephone No. ()		<u>6</u> Miles <u><i>xr</i>-7</u>	of // (all (<u>levki</u>	
Ритр Туре		Power Type			
Circle one		(Circle one		
	ibmersible	-	ine Engine	Natural Gas	
Bucket Piston Tu	urbine 🖌	Electric Motor Hand		Tractor PTO	
Centrifugal Rotary Fl	owing Well		(specify):		
Other (specify):		Horse Power Rating of Moto			
Date Pump Installed: 10-13-05-		Setting Depth:		_feet	
Rated Pump Capacity:Gal	llons Per Minute	Number of Stages:		-	
Pump Test Data			easuring Water	Level	
Date Well Tested:		(Circle one	· · · · ·	
Static Water Level (A):Feet Belo		Air Line Electric Me	asuring Line	Steel Tape	
Pumping Water Level (B):Feet Belo	ow Land Surface	Other (specify):			
Drawdown [(B) – (A)]:Feet Belo	ow Land Surface	For flowing well, measured s	shut in head:	feet	
Test Pumping Rate:Gal	lons Per Minute	Well yielded	GPM with a d	lrawdown of	
Duration of Pump Test (minimum 4 hours):	hours	feet after _	h	ours of pumping	
I HEREBY CERTIFY that the above statements	are true to the heat of	mu Imourladaa			
• • • • • • • • • • • • • • • • • • • •		plet 11			
BIAL Fitzgerald. 02 Print Name of Pump Installer and License No. (<u> </u>	Ruo Maring	nstaller		
rint reality of runp instance and License No. (n applicadie)	Signature of Pump I	For	m: OLWR-SWR-1B	
				RECEIVE	
				OCT 282005	
				BY: OLW	

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