	State Well Report	For Office Life Only				
County: Lawrence.	Part 1 - Driller's Log	For Office Use Only:				
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer: N 5 9				
Permit #:	P.O. Box 2309	Well #: 1 5 1				
Driller: Fitzgerald hell Serves	Jackson, MS 39225 (601)961- 5210	L. S. Elevation:				
Date drilling completed: 12-6-14	(601)961- 5228 (fax)	E-log#:				
State I am negation that this person	t 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.				
Information on Well (orehole Location				
(Landowner if borehole is not fo	Latitude: 5 (° 13, 21.	Longitude: 90°8', 10 2"				
Owner Name Thomas Reid.	Method of Lat/Long (circle o	ne). Conventional Survey				
Mailing Address: RJ Resd L	.N.					
		I GPS, Survey-grade GPS				
Tomest to as	DE 1/2 NW1/2 Sec_ 17					
Juje BiTope Ka MS	te Zip Code Distance Direction	Nearest Town				
	Miles	of				
Telephone No. ()						
	Weil / Borehole Data					
Date drilling started: 12-6-14. Date dr	illing completed: $\frac{12-6-14}{4}$ Hole depth: $\frac{126}{4}$	Hole diameter:				
Location of the source of any surface water used for drilling: 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:						
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump						
Seismic SurveyOther (describe)						
If drilling is not related to water well construction, skip the remainder of this block						
Purpose of Well (check one): Home V Industrial Public Supply Irrigation Fish Culture Other:						
If a flowing well, method of flow regulation: Valve Other (describe)						
Static Water Level: 70 feet above or below (circle one) land surface Date measured: 12-6-/4/						
Method of Measurement (circle one) seel tape electric tape air line other:						
Well depth: 129 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: 109' feet Casing diameter: 9" inches Type of casing: Puc						
Screen length: 10 feet Screen diameter: 40 inches Type of screen: Ac						
Screen slot size:						
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development						
Other (describe):						
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one scre	een, describe on next page				

Form: OLWR-SWR-1A (04/08)

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level___ BY: CALINER BY: CALINER

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)
Description of Formations 2005	Ground Level	
Clup	0	20
Soud	20	40
· and	40	80
Sund	80	100
Clus	100	110
	110	130
(use sond		+
		
		
		 1
		1
	_:	

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

If more than one screen, show location of each on sketch	
Sketch the property layout and include the following: 1) the well location; 2 aid in locating the well; 3) any roads, power lines, or other iter 4) a north arrow.	any permanent structures on the property that may ms that may aid in locating the property and the well;
Ry Red Co	ide
N Huy 27	<u> </u>
Landowner Name: Thomas Leid	Form: OLWR-SWR-1A (04/08)
I certify that the well/borehole was drilled, constructed, and completed Mississippi Department of Environmental Quality and the Mississippi laws.	in accordance with all applicable requirements of the
Print Name of Responsible Licensee and License No. Date	Signature of Licensee

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	STATE WE	LL REPORT	For Office Use Only:		
County: LAwense	Pa	art 2	For Office Use Only.		
	Pump Installer's	Completion Report	Aquifer:		
Permit#:	Mississippi Departmen Office of Land a	t of Environmental Quality and Water Resources	Well #: N54		
Driller: FIZERALA WELL ANDOP	P.O. 1	Box 2309	Well#: 1 V		
Date completed: 12-6-14		, MS 39225 961-5210	Elevation:		
Copy information from block on Part 1		1-5228 (fax)			
	tu a licensed sustance lle		estables A comp of Part 1 of the		
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			Location		
Owner Name: Thomas Reid		Latitude: 310 23 22.1" Longitude: 90° 8 / 10,2"			
Mailing Address: RTRend (x		Method of Lat/Long (check one): Conventional Survey,			
			LISCS and Hand held GDS Survey grade GDS		
7		USGS quad, Hand-held GPS, Survey-grade GPS			
Tuyess hs City State	7 in Code	¼¼ Sec	TR		
City State	Zip code	Distance Direction	Nearest Town		
Telephone No. ()_		Milesol	f		
					
Pump Type			ver Type		
Circle one Air Lift Jet	Submersible	_	ircle one e Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well		specify):		
Other (specify):		Horse Power Rating of Motor: / 1/2			
Date Pump Installed: 12-6-14		Setting Depth:	feet		
Rated Pump Capacity: 25	_Gallons Per Minute	Number of Stages:			
Pump Test Data		Method of Me	asuring Water Level		
Date Well Tested:		Ci	rcle one Steel Tape		
Static Water Level (A):Feet	Below Land Surface	Air Line Electric Mean	suring Line sieer rape		
Pumping Water Level (B): Feet Below Land Surface		Other (specify):			
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured sh	ut in head:feet		
Test Pumping Rate: Gallons Per Minute		Well yielded GPM with a drawdown of			
		-			
Duration of Pump Test (minimum 4 hours):	:hours	feet after	hours of pumping		
This is for (circle one): Replacement of Existing Pump Repair of Existing Pump					

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

MAD Extract d. O29.
Print Name of Fump Installer and License No. (if applicable)

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