•	<b>State Well Report</b>	The Office Has Only		
county: Licoln.	Part 1 – Driller's Log	For Office Use Only:		
	Mississippi Department of Environmental Qua			
Permit #: Driller: F1/2genald Welldere	Office of Land and Water Resources P.O. Box 2309	Well #:Q		
Driller: FITZGEALD Wellder	Jackson, MS 39225	L. S. Elevation:		
Date drilling completed: 9-20-11	(601)961- 5210 (601)961- 5228 (fax)			
		E-log #:		
State Law requires that this repo	rt be prepared by the license holder responsibl s within 30 days of completion of drilling of th	le for the work and filed with the		
Department at the above address Information on Well		l or Borehole Location		
(Landowner if borehole is not j	for a water well) 7,0 20'	Latitude: 31% 38 -, 123 Longitude: 90° 29; 2		
OWNER NAME LACY RITH	Latitude: 31 ° 30	170 Longitude: 10 07 0		
Owner Name LACY B1.14. Mailing Address: Poplar R.J.	Method of Lat/Long (c	ircle one): Conventional Survey,		
Mailing Address: <u><u><u>opluv</u> Kide</u></u>	LIGGE and Har	nd-held GPS, Survey-grade GPS		
Brockhuren m	L NE 1/ NW 1/ Sec	27 Twn 8N Rng 7E		
City Sta	ate Zin Code Distance Direc	ction Nearest Town		
	Miles	of		
Telephone No. ()				
· · · · · · · · · · · · · · · · · · ·	Well / Borehole Data			
Logs run (circle all applicable): No log n Name of organization running log(s):	ter used for drilling:	tron Other:		
Method of dosing and volume of Chlorin Logs run (circle all applicable): (volog n Name of organization running log(s): Purpose of borehole (check one): Water V Seismic	ne used in drilling and development: ng Electric Gamma Ray Density Sonic Neu Well Geotechnical/Geological Investigation Survey Other ( <i>describe</i> )	tron Other: Ground Source Heat Pump		
Method of dosing and volume of Chlorin Logs run (circle all applicable): (vo log n Name of organization running log(s): Purpose of borehole (check one): Water V Seismic If drilling is not relate	me used in drilling and development:	tron Other: Ground Source Heat Pump fthis block		
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RECEIVED OCT 0 4 2011 BY: OLMAR

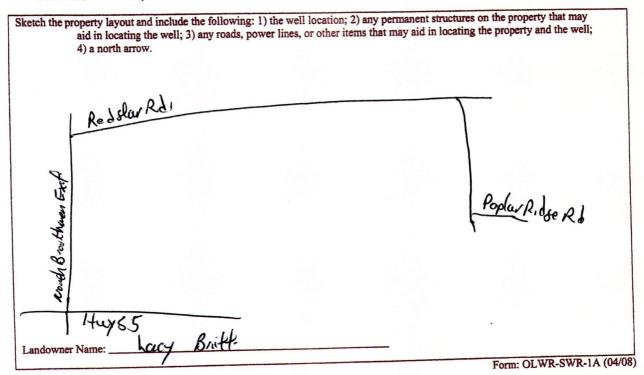
## The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level. 7

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)
	Ground Level	
Clay.	0	20
crule-	20	60
	60	80
Clur	80	80
Cluy Couse band	90	102
		+
		_

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



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

law 9-20-11-Kia Date

Print Name of Responsible Licensee and License No.

Signature of Licensee

OCT 0 4 2011 BY: OLWR

County: hicely		CLL REPORT art 2	For Of	fice Use Only:
•	Pump Installer's	<b>Pump Installer's Completion Report</b>		
Permit #:	Mississippi Departmen	t of Environmental Quality		1.0.2
Driller: Fitgerald bell	Silve Office of Land	and Water Resources	Well #:	<u>C90</u>
	1.0.	Box 2309 a, MS 39225	1	
Date completed: <u>9-20-11</u>		961-5210	Elevation:	
Copy information from block on Part 1		1-5228 (fax)		
This part of the report must be com	pleted by a licensed water well	contractor or a licensed pun	np installer. A copy	y of Part 1 of the
report must be attached and both pu Well Owner Inf	arts filed with the Department of formation	the above datess wunin 5	Well Location	prenon
Owner Name: LACY Bitt		Latitude: 31 38 17	.3 Longitude: 90	<u>)°29´22,</u> 7"
Mailing Address: Poplar	Ridger	Method of Lat/Long (chec		
		USGS quad, Hand-h	neld GPS, Surv	ey-grade GPS
Brockhaven	MS, State Zip Code	NE KNW KS	<u>т 27 т 8/</u>	KR7E
City	State Lip Lode	Distance Directio	n Neare	st Town
Telephone No. ()		Miles	of	
		1	Power Type	
Pump T Circle o			Circle one	
Air Lift Jet	Submersible		soline Engine	Natural Gas
Bucket Piston	Turbine	<u>Constant</u>	and	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Ot Horse Power Rating of M	ther (specify):	
Other (specify):		Horse Power Kating of M		<u></u>
Date Pump Installed: 9-20-1	//	Setting Depth:	0	feet
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:		
Pump Tes	t Data	Method o	f Measuring Water Circle one	r Level
Date Well Tested:		Air Line Electric	Measuring Line	Steel Tapa
Static Water Level (A):	Feet Below Land Surface	Other (specify):	_	· · ·
Pumping Water Level (B):	Feet Below Land Surface			
Drawdown [(B) – (A)]:		For flowing well, measur	red shut in head:	feet
Test Pumping Rate:		Well yielded		
		feet at		
Duration of Pump Test (minimum 4	hours):hours	ieet a		
This is for (circle one):	Replacement of E	xisting Pump Repair	of Existing Pump	
		t of my knowledge		<u> </u>
I HEREBY CERTIFY that the abo				
BIAd Fitzerald	024,	Kal HMA		
Print Name of Pump Installer and I	License No. (if applicable)	Signature of Pu	Imp Installer	WR-SWR-1C (07-04
		/	Form: UL	77
				A the way in the
				(1) (1) (1) (2) (2)

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