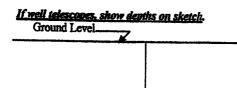
	STATE WELL REPORT	۹ 
County: Liculn.	Part 1	For Office Use Only:
Permit #:	<b>Driller's Log</b>	Well # N 50
Driller: Fitzurald Well Lence.	Mississippi Department of Environmental Q Office of Land and Water Resources	uality Aquifer:
Date drilling completed: 8-27-14,	P.O. Box 2309	E-Log #:
suce as many completed. <u>-0</u>	Jackson, MS 39225-2309 (601)961-5210	
	(601)360-0535 (fax)	
State Law requires that this report	be prepared by the license holder responsible	e for the work and filed with the
Department at the above dauress w	unin 30 days of completion of drilling of the	<u>: well or borehole.</u>
Well Owner Informati (Landowner if borehole is not for	Wen of	r Borehole Location
Owner Name: Lary Boydi	Latitude: 310 26 39,	<u>4</u> "Longitude: <u>96°16′53,2"</u>
	Nethod of Lat/Long (che	ck one): Conventional Survey,
Mailing Address: <u>Plesant Grove</u>		
D (4		neld GPS, Survey-grade GPS
Brakhann mS. City State	<u>NE 4 SE 4</u>	, Sec. 34 T 6N R 9E
	Zip CodeMiles	of Ion) (Nearest Town)
elephone No. ()	(Distance) (Directi	ion) (Nearest Town)
	Well / Borehole Data	
hate drilling started: $\frac{y - 1 - 14}{y}$ Date of	Irilling completed: <u>\$-27-14</u> Hole depth: 1	1.36 Hole diameter: <u>&amp; //</u>
ocation of the source of any surface wa		
ethod of dosing and volume of Chlorine	e used in drilling and development:	
	Electric Gamma Ray Density Sonic N	
ame of organization running log(s):		
Purpose of borehole (circle one): Water W		
		Ground Source Heat Pump
Seismic	/	
	ed to water well construction, skip the remain	inder of this block
urpose of Well (circle all applicable): Ho	il ingucior	n Fish Culture
ther (describe): Poulting	House well	·
a flowing well, method of flow regulation	on: Valve Other ( <i>describe</i> )	
	bove or below] land surface Date meas (circle one)	
ethod of measurement (circle one): Stee	Etape Electric tape Air line Other (descr	ibe):
ell depth: <u>136</u> Well grouted to a de	pth of: 10 feet Type of grout (circle o	ne): Neat Cement Bentonite Mix
asing length: <u>///6</u> feet Casir		of casing: Puc
	1011	e of screen: <u>Pu</u>
reen slot size:inches	Setting depth: From _//6feet	t to <u>136</u>
pe of completion (circle all applicable):	Gravel packed Underreamed Open ho	
her (describe):		The induction of the second
······································		7 A
of lap pipe or reduction in casing:	feet	

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

Form: OI WR-SWR-1A (4/13)

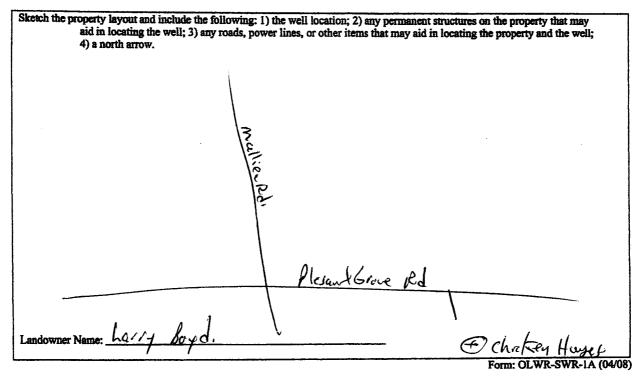
## The sketch below only required for water wells



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Cluy	0	20
Sund.	20	60
crave!	<u>Le</u>	80
May	80	(00)
Sarta,	100	(10
curse Sand	110	136
	_	
	_ <u></u>	
<u> </u>	+	<u> </u>
		<b> </b>
	4	Įd
		ļ
	.I	L

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

laws. 8-27-14 Edenald. POAd

Red Hill

Print Name of Responsible Licensee and License No. Date

Signature of Licensee

.

	STATE WELL REPORT	
County: <u>Licolun</u> , Permit #: Driller: <u>Fitzgerald</u> Well Serer Date completed: <u>8.27-14</u> , <u>Copy information from block on Part 1</u>	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)	For Office Use Only: Well #: <u>N 50</u> Aquifer:
of the report must be attached and both p Well Owner Informatio Owner Name: <u>At 17</u> Boy Mailing Address: <u>Plesant Gray</u>	by a licensed water well contractor or a licensed put arts filed with the Department at the above address well L m Well L Latitude: <u>31° 26´34</u> , Con <u>e Rdi</u> Method of Lat/Long (check one USGS quad, Hand-held G	within 30 days of well completion.         cocation         ngitude:       90 / 6 / 5 3. 2 //         e):       Conventional Survey,         iPS, Survey-grade GPS
Brathmen         M.S.           City         State           Telephone No. ()	Zip Code	34T_ <u>_</u> _6_NR_ <u>_</u> 9[ f (Nearest Town)
Date Pump Installed: <u>8-27-1</u> Is This Pump ( <i>circle one</i> ): (New) Repa	Power Type (circle one) Tractor PTO Windmill Other (describe):	Gallons Per Minute
Horse Power Rating of Motor:	Setting Depth:feet Number Pump Test Data for Non Flowing Well	of Stages:
method of measurement (circle one), ste	Pump Test Data for Flowing Well	
Measured shut in head:feet. Well yieldedGPM with a dr	awdown of feet after	hours of pumping
<u> </u>	Meter Installation	
	Meter Serial Number: Type of Meter:	
	tor (AF x .001, gal x 1000, etc):	
ls This Meter (circle one): New Repa Important: By submitting the above info For agriculture	aired Replacement cormation you are certifying that this meter was instand al wells, a list of approved meters is on the MDEQ we	lled to manufacturer standards in ebsite.
I HEREBY CERTIFY that the above statem BIAD FL for a OD-9. Print Name of Pump Installer and License	ents are true to the best of my knowledge. 8-27-14 Bulf	Lure of Pump Installer

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