STATE WELL REPORT						
County: Marion		Part 1	For Office Use Only:			
Permit #:	Driller's Log		Well #: <u>E70</u>			
Driller: Fitzgerald Well Januer	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:			
, , ,	P.O. Box 2309					
Date drilling completed: 9-23-15	Jackson, MS 39225-2309		E-Log #:			
		601)961-5210 1)360-0535 (fax)				
Standard Transportation Alice Alice and all transports	•	• •				
State Law requires that this report 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.						
Well Owner Informati	on		hole Location			
(Landowner if borehole is not for a water well) Owner Name: Steve Rowley.		Latitude: 31° 16 '43.6" Longitude: 90° 0 '40.3"				
						Mailing Address: Rouley Rd.
		USGS quad, Hand-held G				
Darbur M.		SW 4 SE 4. Sec	29 T4N R12E			
City State	Zip Code					
Telephone No. ()		(Distance) (Direction)	(Nearest Town)			
Date drilling started: $10-33-15$ Date drilling completed: $10-33-15$ Hole depth: $200'$ Hole diameter: $8''$ Location of the source of any surface water used for drilling:						
Method of dosing and volume of Chlorin						
Logs run (circle all applicable): No tog ru			n Other:			
Name of organization running log(s):						
Purpose of borehole (circle one): Water	Well Geotechnic	cal/Geological Investigation G	iround Source Heat Pump			
		describe)				
		nstruction, skip the remainder	of this block			
Purpose of Well (circle all applicable):	lome Industrial	Public Supply Irrigation Fi	ish Culture			
Other (describe): Dairy,						
If a flowing well, method of flow regulat						
Jacks West Devet	Static Water Level: 90 feet [above or below] land surface Date measured: 16-23-15					
Method of measurement (circle one) Steel tape Electric tape Air line Other (describe):						
Well depth: 200 Well grouted to a d	epth of: <u>(0'</u> fe	et Type of grout (circle one):	leat Cement Bentonite Mix			
	ing diameter:					
Screen length: 20' feet Screen diameter: 4" inches Type of screen: Puc						
Screen slot size:						
Type of completion (circle all applicable):	aravel packed	Underreamed Open hole	Natural Development			
Other (describe):			· · · · · · · · · · · · · · · · · · ·			

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

Top of lap pipe or reduction in casing: ___

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

The sketch below only required for water wells

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

Print Name of Responsible Licensee and License No.

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

	From (depth)	To (depth)
Description of Formations Encountered	Ground Level	
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	20	40
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School	\$0	
China	110_	120
	120	200
Course South	_ 	
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If more than one	screen, show location	of each on sketch					
			l location; 2) any p	ermanent struc	ctures on the p	property that may	. 1
ketch the property lat	yout and include the f cating the well; 3) any	roads, power lines,	or other items that	may aid in loo	ating the prop	perty and the won	'
4) a nort	h arrow.						
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	Steve Row	la.					ļ
_andowner Name: _	Here Two	"/				m: OLWR-SWR-	1A (04/08)
		ne heterminen on	d completed in ac	cordance with	all applicab	le requirements)f the
certify that the we	Wborehole was drille	ed, constructed, an	a complete la	atmost of Hea	kh reculation	ns, if applicable,	and state
Mississippi Departn	nent of Environment	al Quality and the	Wississibht nehm	timent or men	,		
	1	4.4	20 1	R. I	ort	. !]	
BIAL FU	zoral d	094; 10.	13-15	Mad	twyge	W 9	
PIPO ("		I I in man No	Date	Sign	ature of Lice	nsee	
Pulse Manne of Deen	onsible Licensee and	i License ivo.	vall	3-8			

		TI DEDODT	
County: Maricar		ELL REPORT	For Office Use Only:
County: 1 COL I CAV	- ·	at t 2 s Completion Report	Aquifer:
Permit#:	Mississippi Departmen	t of Environmental Quality	
Driller: Fitzgerald Wellsonce		and Water Resources Box 2309	Well #: <u>£70</u>
Date completed: 10-23-15		, MS 39225	Elevation:
Copy information from block on Part 1		961-5210 1-5228 (fax)	
This part of the report must be completed be report must be attached and both parts files			
Well Owner Information			Location
Owner Name: Steve Rowley,		Latitude: 30 16 430	eLongitude: 40°0′40.3″
Mailing Address: Rowley Rd		Method of Lat/Long (check on	e): Conventional Survey,
		USGS quad, Hand-held	GPS Survey-grade GPS
Achan MS City State		¼¼ Sec	TR
Čity State Telephone No. ()		Distance Direction	Nearest Town
<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Pump Type Circle one			ver Type ircle one
Circle one	Submersible	C	
Circle one Air Lift Jet	Submersible Turbine	C	ircle one
Circle one Air Lift Jet Bucket Piston		Diesel Engine Gasolin Electric Moto Hand	ircle one e Engine Natural Gas
Circle one Air Lift Jet Bucket Piston	Turbine	Diesel Engine Gasolin Electric Moto Hand Windmill Other (: Horse Power Rating of Motor:	Tractor PTO specify):
Circle one Air Lift Jet Bucket Piston Centrifugal Rotary Other (specify): Date Pump Installed: 10-23-15	Turbine Flowing Well	Diesel Engine Gasolin Electric Motor Hand Windmill Other (:	Tractor PTO specify):
Circle one Air Lift Jet Bucket Piston Centrifugal Rotary Other (specify):	Turbine Flowing Well	Diesel Engine Gasolin Electric Moto Hand Windmill Other (: Horse Power Rating of Motor:	rcle one e Engine Natural Gas Tractor PTO specify):
Circle one Air Lift Jet Bucket Piston Centrifugal Rotary Other (specify): Date Pump Installed: 10-23-15 Rated Pump Capacity: 55	Turbine Flowing Well	Diesel Engine Gasolin Electric Moto Hand Windmill Other (see Horse Power Rating of Motor: Setting Depth:	ricle one e Engine Natural Gas Tractor PTO specify): feet
Circle one Air Lift Jet Bucket Piston Centrifugal Rotary Other (specify): Date Pump Installed: 10-23-15 Rated Pump Capacity: 55	Turbine Flowing Well	Diesel Engine Gasolin Electric Moto Hand Windmill Other (stating of Motor: Setting Depth:	rcle one e Engine Natural Gas Tractor PTO specify): feet feet ssuring Water Level rcle one
Circle one Air Lift Jet Bucket Piston Centrifugal Rotary Other (specify): Date Pump Installed: 10-23-15 Rated Pump Capacity: 55	Turbine Flowing Well Gallons Per Minute	Diesel Engine Gasolin Electric Moto Hand Windmill Other (stating of Motor: Setting Depth:	rcle one e Engine Natural Gas Tractor PTO specify): feet ssuring Water Level rcle one
Circle one Air Lift Jet Bucket Piston Centrifugal Rotary Other (specify): Date Pump Installed: 10-23-15 Rated Pump Capacity: 55	Turbine Flowing Well Gallons Per Minute Below Land Surface	Diesel Engine Gasolin Electric Moto Hand Windmill Other (stating of Motor: Setting Depth:	free one e Engine Natural Gas Tractor PTO specify): feet feet suring Water Level rele one suring Line Steel Tape
Circle one Air Lift Bucket Piston Centrifugal Other (specify): Date Pump Installed: 10-23-15 Rated Pump Capacity: 55 Other Static Water Level (A):Feet E	Turbine Flowing Well Gallons Per Minute Below Land Surface	Diesel Engine Gasolin Electric Motor Hand Windmill Other (: Horse Power Rating of Motor: Setting Depth:	rcle one e Engine Natural Gas Tractor PTO specify):
Circle one Air Lift Bucket Piston Centrifugal Rotary Other (specify): Date Pump Installed: 10-23-15 Rated Pump Capacity: 55 Capacity: 55 Pump Test Data Date Well Tested: Static Water Level (A): Feet B	Turbine Flowing Well Gallons Per Minute Below Land Surface Below Land Surface Below Land Surface	Diesel Engine Gasolin Electric Motor Hand Windmill Other (Horse Power Rating of Motor: Setting Depth:	rcle one e Engine Natural Gas Tractor PTO specify):

New Well 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 Signature of ump Installer
Form: OLWR-SWR-1C (07-09) BIAN FITZGERALD 029
Print Name of Pump Installer and License No. (if applicable)

