County: Marion	Part 1 – Driller's Log	For Office ose Only.
Missis	sippi Department of Environmental Quality	Aquifer: 3 //5
	Office of Land and Water Resources P.O. Box 2309	Well #:
Driller: Fitzgerald Well ferce	Jackson, MS 39225	1
Date drilling completed: 5-31-12	(601)961- 5210 (601)061- 5238 (fox)	L. S. Elevation:
	(601)961- 5228 (fax)	E-log #:
State Law requires that this report be prep	pared by the license holder responsible for	the work and filed with the
Department at the above address within 3 Information on Well Owner	30 days of completion of drilling of the well	
(Landowner if borehole is not for a water	well) 2.0	orehole Location
	Latitude: 51° 11',3'	23 Longitude: 90° 1', 12.6"
Owner Name LAMY Tom Inson	Method of Lat/Long (circle o	ne). Conventional Survey
Mailing Address: Javial Rdi		
•		GPS, Survey-grade GPS
Kikom ms	5W15w 1/ Sec 29	1 Twn 3N Rng 12 E
Kukono ms City State	Zip Code Distance Direction	
Telephone No. ()	Miles	of
receptione ivo.	<del></del>	
	Well / Borehole Data	
Date drilling started: 5-31-12 Date drilling com	pleted: 531-U. Hole depth: 2W	Hole diameter:
Location of the source of any surface water used for	drilling	
Method of dosing and volume of Chlorine used in c	drilling and development:	
Logs run (circle all applicable): No log run Electri Name of organization running log(s):	c Gamma Ray Density Sonic Neutron	Other:
Purpose of borehole (check one): Water Well Ge	eotechnical/Geological Investigation Ground	Source Heat Pump
Seismic Survey	Other (describe)	
If drilling is not related to water	well construction, skip the remainder of this blo	ock
Purpose of Well (check one): Home VIndustrial_	Public Supply Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation: Valve	Other (describe)	
Static Water Level: 76 feet above or bel	ow (circle one) land surface Date measured:_	5-31-12
Method of Measurement (circle one)	electric tape air line other:	
Well depth: 201 Well grouted to a depth of 10		ent Bentonite Mix
Casing length: 178 feet Casing diameter	r: 6411 inches Type of casing:	Puc
Screen length: 30 feet Screen diamete	er: 4" inches Type of screen:	Pix
Screen slot size: 010-10 inches Setting	depth: From 178 feet to 20	feet feet
Type of completion (circle all applicable): Gravel p	acked Underreamed Telescoped Open	hole Natural Development
Other (d	escribe):	
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one scree	n, describe on next page
		Form: OLWR-SWR-1A (04/08)

State Well Report

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The sketch below	only required for	water wells

If well telescopes	chow	denths o	n skotch	

Ground Level

## 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.		20
Claye	20	40
Orduel-	40	180
Sand	sc	100
Sour di	100	120
Cluy	120	160
School	/60	170
School (ouse Sand)	170	208
	<u> </u>	
		ļ <u>.</u>
	L	

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

Sketch the property layout and include the following aid in locating the well; 3) any roads, p 4) a north arrow.	g: 1) the well location; 2) any permanent structures on the property the power lines, or other items that may aid in locating the property and	at may he well;
	oid thuy	
Huy 98		-
andowner Name: Lary Tomilinson	Form: OLWR-SV	WR-1A (04/0

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.

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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BY: OLWR

	THE DEPODE	3115
/ D	ELL REPORT	For Office Use Only:
	Part 2 r's Completion Report	Aquifer:
Permit #: Mississippi Departm	ent of Environmental Quality	
Driller Fregorald Well Corps. Office of Lan	d and Water Resources	Well #:
O OI	D. BOX 2309	
(60	01)961-5210	Elevation:
Copy information from block on Part 1 (601)	961-5228 (fax)	
This part of the report must be completed by a licensed water we	ll contractor or a licensed pump inst	aller. A copy of Part 1 of the
report must be attached and both parts filed with the Departmen Well Owner Information		of well completion.
Owner Name: LAMY Tombin Sen	Latitude: 31° 11′ 37.3 ′′.	04441041
Mailing Address: Kokomo MS. Jairell Rd.	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GP	PS . Survey-grade GPS
Kikomo MS City State Zip Code		9 T 3N R 12E
	Distance Direction	Nearest Town
Telephone No. ()	Miles of	
Dump Trop		Т
Pump Type Circle one	Power Circl	e one
Air Lift Jet Submersible	Diesel Engine Gasoline E	
Bucket Piston Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (spe	cify):
Other (specify):	Horse Power Rating of Motor:	2
Date Pump Installed: 5-3/-12	Setting Depth: 120	feet
Rated Pump Capacity:Gallons Per Minute	Number of Stages:	
Pump Toot Date		
Pump Test Data Date Well Tested:	Method of Measu Circle	
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuri	
	Other (specify):	
Pumping Water Level (B):Feet Below Land Surface	( , , , , , , , , , , , , , , , , , , ,	
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in	n head:feet
Test Pumping Rate:Gallons Per Minute	Well yieldedG	PM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet after	hours of pumping
This is for (circle one): New Well Replacement of Ex	isting Pump Repair of Existin	ng Pump
HEREBY CERTIFY that the above statements are true to the best	of my knowledge	
in the second se	0112411	
But ab ald	RVIIII	
BIAS Flyerald. 029. Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Install	er

JUL 0 2 2012