State	Well Report	
County: Marion Part 1 -	- Driller's Log	For Office Use Only:
Permit #	nent of Environmental Quality	Aquifer:
Office of Lan	d and Water Resources	Well #: N-120
Driller: <u>FIT Gentfie Well Structo</u> F.C. Jackson	. MS 39289-0631	
Date drilling completed: 3-29-05 (60	01)961-5210	L. S. Elevation:
(601)	354-6938 (fax)	E-log #:
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 co	mpletion of drilling of the well	or borehole.
(Landowner if borehole is not for a water well)	Well or Bo	orehole Location
Owner Name Joe Regan.	Latitude:``	_" Longitude:'"
Mailing Address: Tunace Chapel pd.	Method of Lat/Long (circle or	ne): Conventional Survey,
	USGS quad, Hand-held	GPS, Survey-grade GP <sup>c</sup>
1 _ 1	1/4 1/4 Sec 2	Two 2N Rog Delie
Tetto mo ms.	4	
City State Zip Code	Distance Direction	Nearest Town
Celephone No. ()	10 Miles $3w$	of <u>CORUSTA</u>
¥7.11 / m	avahala Data	
Logs run (circle all applicable): No log run Electric Gamma R Name of organization running log(s):	ay Density Sonic Neutron	Other:
Purpose of borehole (check one): Water Well Ceotechnical/Ge	eological Investigation Ground	l Source Heat Pump
Seismic Survey Other (descr If drilling is not related to water well construct	ibe)	ock
Purpose of Well (check one): Home <u>Industrial</u> Public Sup	ply Irrigation Fish Culture	Other:
f a flowing well, method of flow regulation: Valve	Other (describe)	
Static Water Level:feet above or below (circle on	e) land surface Date measured.	3-29-05
Method of Measurement (circle one) steel tape electric ta	pe air line other:	
Well depth: <u>112</u> Well grouted to a depth of <u>10</u> feet Ty	ype of grout (circle one): Neat Cen	nent Bentonite Mix
Casing length: <u>102</u> feet Casing diameter: <u>4</u>	inches Type of casing:	Pic
Screen length: <u>10</u> <sup>r</sup> feet Screen diameter: <u>4</u> <sup>r</sup>	inches Type of screen:	Ove
Screen slot size:	1feet to	2feet
Type of completion (circle all applicable) Gravel packed Un	derreamed Telescoped Open	hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:feet. If	f <mark>telescoped or more than one s</mark> cre	en, describe on next page
		Form: OLWR-SWR-1A
		RECEIVE
		APR 0 1 200F

r

γ d' α \*

BY: OLWR

## 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	
Sund	0	15
Clux	(5	25
Sand H grand	25	70
<u> </u>	50	80
Scurdel	80	100
burse Sand	100	112
-		
		1
	·	
		+
······································	+	
	_	
		+
	+	+
	+	
		1

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



Form: OLWR-SWR-1A

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 BIAd Fotogerald 029 3-29-05.

Budd hau

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

APR 0 1 2005 BY: OLWR

RECEIVED

Parmit #:   Parm 12     Permit #:   Secondeta Report     Massisspip Department of Environmental Quality   Aquifer:     Date completed:   3.9.9.05     Gov information from block on Earl   Permit #:     This part of the report must be completed by environmental Quality   Image: P.O. Box 10031     Date completed:   3.9.9.05     Gov information from block on Earl   Permit #:     This part of the report must be completed by with the Department of the above address within 36 dary of well completion.   Well Contents     Well Owner State:   Well Owner State:   Well Contents     Well Owner State:   Two part of the report must be completed by with the Department of the above address within 36 dary of well completion.   Well Contents     Well Owner State:   Two part of the report must be attracted and both were filled with the Department of the above address within 36 dary of well completion.   Well Contents     Mailing Address:   Two age: Check Edd.   Laittade:   Longitude:     Mailing Address:   Two age: Check Edd.   Method of LaviLong (check one): Conventional Survey:     Well Owner State:   Zip Code   Diesel Engine   Survey: grade GPS     Well Owner State:   Surface:   Diesel Engine   Survey: grade GPS <th>County County County County</th> <th>WELL REPORT</th> <th></th>	County County County County	WELL REPORT	
Permit #:		Part 2	For Office U. C. t
Driter: 1-120-14   U(1) Serter:   Office of 1 and on Winnersonancead Quality   Aquifer:     Date completed: 3299-05   Office of 1 and on Winnersonancead Quality   Well #. M-120     Case information from block on Fer1   (601)354-0938 (fax)   Elevation:     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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be completion.     Well Owner Name: Lie Regar   Well Constraint at the above address within 30 logo of redi completion.     Well Owner Name: Lie Regar   Latitude::     Latitude:   Longitude::     Well Owner Name: Lie Regar   Kater     Mailing Address:   Two reper Charge / RdJ.     Method of Lat/Long (check one):   Congitude::     Latitude:   Longitude:     Latitude:   Longitude:     City mo   Msiles SW. of Cox water     Pump Type   Circle one     Circle one   Dissel Engine     Air Lift   Jet     Bucket   Piston <td>Permit #: Mississioni Departr</td> <td>er's Completion Report</td> <td>ror Unice Use Only:</td>	Permit #: Mississioni Departr	er's Completion Report	ror Unice Use Only:
Date completed:   2.29-05   PO. Box 10631     Date completed:   2.29-05   (601)361-5210     Copy information from block on bars   (1601)361-5210   Elevation:     This part of the report must be completed by a licensed water well contractor or a licensed pump insuffer. A copy of Part 1 of the report must be dateched and both parts filed with the Department at the above address within 39 days of well completion.     Well Owner Information   Well Owner Information     Owner Name:   Zee Legs on:     Mailing Address:   Two respect (he.p.d.) RdJ.     Mate Pump Type	Driller: FitzerAld Well Sever Office of Lar	nd and Water Resources	Aquifer.
Date comparison   Difference     Core information from block on Part I   (601)354-6938 (fax)     Core information from block on Part I   (601)354-6938 (fax)     Difference   Difference     The part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the Well Docation     Well When the Department at the above address within B dogs of sol completion.     Well When the Department at the above address within B dogs of sol completion.     Well When the Department at the above address within B dogs of sol completion.     Well When the Department at the above address within B dogs of sol completion.     Well When the Department at the above address within B dogs of sol completion.     Well When the Department at the above address within B dogs of sol completion.     Well When the Department at the above address within B dogs of sol completion.     Well When the Department at the above address within B dogs of sol completion.     Well When the Department at the above address within B dogs of sol completion.     Well When the Department at the above address within B dogs of sol completion.     Well When the Department at the above address within B dogs of sol completion.     Well Well Notation     Well Well Notation     Well Well Notation     Well Well Notation     Well Notation	P.C.	O. Box 10631	11 10-
Construction after Market on Part 1   (60) 1354-6936 (fax)   Elevation:     This part of the report must be completed by a licensed water veld contractor or a licensed pump installer. A copy of Part 1 of the report must be arched and bound pures filed with the Department at the above address within 30 days of well construction.   Well Owner 1 Information     Owner Name:   Ide Access of the Department at the above address within 30 days of well construction.   Well Owner Information     Owner Name:   Ide Access of the Department at the above address within 30 days of well construction.   Well Owner Information     Mailing Address:   Twr.ogge Che.pd   Rd I.   Latitude:   Longitude:     Mailing Address:   Twr.ogge Che.pd   Rd I.   Latitude:   Longitude:   Longitude:     Mailer Address:   Twr.ogge Che.pd   Rd I.   Latitude:   Longitude:   Longitude:     Telephone No. (	Date completed: <u>J # 1-05</u> Jackson (6)	n, MS 39289-0631 601)961-5210	Well #: _/
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 analyted and both parts filed with the Department at the above address within 30 days of well completion.     Well Owner Information   Well Owner Information     Owner Name:E E	Copy information from block on Part 1 (601)	)354-6938 (fax)	Elevation:
Telephone No. (	This part of the report must be completed by a licensed water we	ell contractor or a licensed nump	installar A come of Devia L. C. I
Well Location     Well Location     Well Location     Mailing Address: Two research of the pair of Paury Expension     City State Zip Code     Latitude: Longitude:     City State Zip Code     City State Zip Code     Power Type Citcle one     City State Zip Code     Power Type Citcle one     Citcle one     Nites SW of Fox work town     Distance Direction Nearest Town     Direction Nearest Town     Distance Direction Nearest Town     Direction Calsen Type     Direction Nearest Town	Well Owner Information	nt at the above address within 30 a	ays of well completion.
Downer Name: 120: E. Reg. G.A.:   Iaititude:::	and the intermation	We	Il Location
Mailing Address:   Twneye (hc.pt/Rd/     Mailing Address:   Twneye (hc.pt/Rd/     Kitte mail   Method of Lat/Long (check one): Conventional Survey_grade GPS	Owner Name: 1204 Negan.	Latitude:	Longitude:
Image: City of the state o	Mailing Address: Twrage (hape   Rd)	Method of Lat/Long (check of	ne): Conventional Survey,
Image: Index index in S in Survey-grade CPS_ City   State   Zip Code		USGS guad Hand-held	GPS Summer L GPG
City   State   Zip Code   "" & Sec A	Ketuma me	γ	Survey-grade GPS
Telephone No. (	City State Zin Code	¼¼ Sec_	T_IN R_IW
Telephone No. (		Distance Direction	Nearest Town
Pump Type Circle one   Power Type Circle one     Air Lift   Jet   Submersible     Bucket   Piston   Turbine     Bucket   Piston   Turbine     Centrifugal   Rotary   Flowing Well     Other (specify):	Telephone No. (		incarest rown
Pump Type Circle one   Power Type Circle one     Air Lift   Jet   Submersible     Bucket   Piston   Turbine     Centrifugal   Rotary   Flowing Well     Other (specify):	- \	$\underbrace{Miles \mathcal{W}}_{0}$	1-oxuorth
Paume Type Circle one   Power Type Circle one     Air Lift   Jet   Jet     Bucket   Piston   Turbine     Centrifugal   Rotary   Flowing Well     Other (specify):	 Dume T		
Air Lift   Jet   Jet   Jet   Difference     Bucket   Piston   Turbine   Diesel Engine   Gasoline Engine   Natural Gas     Bucket   Piston   Turbine   Electric Motor   Hand   Tractor PTO     Centrifugal   Rotary   Flowing Well   Windmill   Other (specify):	Circle one	Por	ver Type
An Lint   Jet   Submersible   Diesel Engine   Gasoline Engine   Natural Gas     Bucket   Piston   Turbine   Electric Motor   Hand   Tractor PTO     Centrifugal   Rotary   Flowing Well   Windmill   Other (specify):	Air1:0	Ci	rcle one
Bucket   Piston   Turbine   Electric Motor   Hand   Tractor PTO     Centrifugal   Rotary   Flowing Well   Windmill   Other (specify):	Au Litt Jet Submersible	Diesel Engine Gasolin	e Engine Natural Gas
Centrifugal   Rotary   Flowing Well   Tractor PTO     Dther (specify):	Bucket Piston Turbine	Electric More	
Interfact   Rodary   Flowing Well   Windmill   Other (specify):	Centrifugal Poter	Hand	Tractor PTO
Other (specify):	Rotary Flowing Well	Windmill Other (s	specify):
Date Pump Installed:   3-29-05     Rated Pump Capacity:   20     Gallons Per Minute   Setting Depth:     Pump Test Data   Number of Stages:     Date Well Tested:	Other (specify):	Horse Power Rating of Motor	/
Rated Pump Capacity:   20   Gallons Per Minute   Setting Depth:   11	Date Pump Installed: 3-29-05		· · · · · · · · · · · · · · · · · · ·
Number of Stages:   Summer of Stages:     Pump Test Data   Method of Measuring Water Level Circle one     Date Well Tested:		Setting Depth:	feet
Pump Test Data   Method of Measuring Water Level Circle one     Date Well Tested:	Gallons Per Minute	Number of Stages:	
Date Well Tested:   Method of Measuring Water Level     Static Water Level (A):   Feet Below Land Surface     Pumping Water Level (B):   Feet Below Land Surface     Drawdown [(B) - (A)]:   Feet Below Land Surface     Orawdown [(B) - (A)]:   Feet Below Land Surface     Orawdown [(B) - (A)]:   Feet Below Land Surface     Ouration of Pump Test (minimum 4 hours):   hours     HEREBY CERTIFY that the above statements are true to the best of my knowledge.   Method of Measuring Water Level     Signature of Pump Installer and License No. (if applicable)   Signature of Pump Installer	Pump Test Data		
Static Water Level (A):Feet Below Land Surface   Air Line   Electric Measuring Line   Iteel Tape     Static Water Level (B):Feet Below Land Surface   Other (specify):   Other (specify):     Orawdown [(B) - (A)]:Feet Below Land Surface   For flowing well, measured shut in head:feet   feet     Other (specify):	Data Wall Tracket	Method of Mea	suring Water Level
Static Water Level (A):  Feet Below Land Surface     Pumping Water Level (B):  Feet Below Land Surface     Orawdown [(B) – (A)]:  Feet Below Land Surface     Orawdown [(B) – (A)]:  Feet Below Land Surface     Gallons Per Minute   For flowing well, measured shut in head:  feet     Well yielded  GPM with a drawdown of  feet after  hours of pumping     HEREBY CERTIFY that the above statements are true to the best of my knowledge.   RECE   RECE     Bind F.FzcerAld   CD4;   Bund Surface   RECE     Signature of Pump Installer and License No. (if applicable)   Signature of Pump Installer   APP of	Jaie weil lested:		ue one
Pumping Water Level (B):Feet Below Land Surface   Other (specify):     Orawdown [(B) – (A)]:Feet Below Land Surface   For flowing well, measured shut in head:feet     'est Pumping Rate:Gallons Per Minute   Well yieldedGPM with a drawdown of     Ouration of Pump Test (minimum 4 hours):hours  feet afterhours of pumping     HEREBY CERTIFY that the above statements are true to the best of my knowledge.   RECE     Bind F.F.ger A.J.   CD94   Buest Statements and License No. (if applicable)     Signature of Pump Installer   ADD for the statement in the stateme	static Water Level (A):Feet Below Land Surface	Air Line Electric Measure	uring Line Steel Tape
Drawdown [(B) - (A)]:Feet Below Land Surface   For flowing well, measured shut in head:feet     'est Pumping Rate:Gallons Per Minute   Well yieldedGPM with a drawdown of     Duration of Pump Test (minimum 4 hours):hours  feet afterhours of pumping     HEREBY CERTIFY that the above statements are true to the best of my knowledge.   RECE     Bind F.F.g.or A.J.   CD94     rint Name of Pump Installer and License No. (if applicable)   Signature of Pump Installer	umping Water Level (B):Feet Below Land Surface	Other (specify):	
Test Pumping Rate:  Gallons Per Minute   Well yieldedGPM with a drawdown of     Duration of Pump Test (minimum 4 hours):  hours  feet afterhours of pumping     HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shu	t in head:
Duration of Pump Test (minimum 4 hours):  hours  GPM with a drawdown ofhours of pumping     HEREBY CERTIFY that the above statements are true to the best of my knowledge.  hours of pumping     BIA_EFF200141J   CD41   Buend Statement     rint Name of Pump Installer and License No. (if applicable)   Signature of Pump Installer   ADD for the pumping	est Pumping Rate:Gallons Per Minute	Well vielded	
HEREBY CERTIFY that the above statements are true to the best of my knowledge.   RECE     BIAD FLEEPING   CD94   Buend Statement     rint Name of Pump Installer and License No. (if applicable)   Signature of Pump Installer   APD 0	Puration of Pump Test (minimum 4 hours)		UPIM with a drawdown of
HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>BIAL FitzgerAL ODG</u> <u>Blesh Strady</u> <b>RECE</b> rint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	hours	feet after	hours of pumping
HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>BIAJ FIZZENALD</u> <u>CDGn</u> <u>Biesel Stypel</u> rint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			
BIAL F. F. COMP. D. C. (if applicable) Bignature of Pump Installer APD (		of my knowledge	
rint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	HEREBY CERTIFY that the above statements are true to the best of	JULIUN KIIGIM (PAIGA	
Signature of Punp Installer	HEREBY CERTIFY that the above statements are true to the best o	A A L	
	HEREBY CERTIFY that the above statements are true to the best o <u>SIA Fitzgeral</u> <u>Ogg</u> int Name of Pump Installer and License No. (Formal 11)	Bred Stro	RECE

w