State Well Report						
1	Part 1 – Driller's Log For Office Use Only:					
Mississippi Departmer	nt of Environmental Quality	Aquifer:				
Permit #: Office of Land a	and Water Resources	-				
	Box 10631	Well #: 11-71				
Jackson, M	MS 39289-0631	L. S. Elevation:				
Date drilling completed: (601))961-5210	L. S. Dievation.				
(601)35	54-6938 (fax)	E-log #:				
State Law requires that this report be prepared by the lic Department at the above address within 30 days of comp	ense holder responsible for i pletion of drilling of the well	the work and filed with the				
Information on Well Owner		orehole Location				
(Landowner if borehole is not for a water well)	l .					
Owner Name Deangelo Fitts	selo Fitts Latitude: 34 · 44 · 585					
Mailing Address: 325 wother (d. Method of Lat/Long (circle one): Conventional Survey,						
USGS quad, (Hand-held						
Butadia Ma 38611	B. (1) NE 4 NW 4 Sec 13					
City State Zip Code Distance Direction Nearest Town		Nearest Town				
Telephone No. (662) 564-2750	3/4 Miles NW	of Orion				
Well / Bore						
Date drilling started: (0-33-06 Date drilling completed: (0-33-06 Hole depth: (35' Hole diameter: 63/4						
Location of the source of any surface water used for drilling:						
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): Other:						
Purpose of borehole (check one): Water WellGeotechnical/Geological Investigation Ground Source Heat Pump						
Seismic Survey Other (describe)						
If drilling is not related to water well construction, skip the remainder of this block						
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:						
If a flowing well, method of flow regulation: Valve Other (describe)						
Static Water Level: feet above or below (circle one) land surface Date measured: [1 - 16-06]						
Method of Measurement (circle one) steel tape electric tape air line other: string weight						
Well depth: Well grouted to a depth of feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length:						
Screen length: 10 feet Screen diameter: 1 inches Type of screen: po						
Screen slot size: O O inches Setting depth: From 115 feet to 125 feet						

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole

Top of lap pipe or reduction in casing:

Other (describe):

Form: OLWR-SWR-1A

RECEIVED NOV 27 2006

Natural Development

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

BY: OLWR

owner Name: Decage Fitty Form: OLWR-SW By that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and sta	and tales on a show death a	wells and boreholes, unless specifically exempted by re			ulations
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Jes William Cross (111)	2003 - 1 10-0	0-000 11-	12-08		
ame of Responsible Licensee and License No. Date Signature of Licensee			Jano W. M.	DECEN	700

The sketch below only required for water wells

NOV 27 2006 BY: OLWR

STATE WELL REPORT

Part 2

County: Morshall

Pump Installer's Completion Report Mississippi Department of Environmental Quality

F Off U O	
For Office Use Only:	
Aquifer:	
Vell #: 1	
levation:	

Permit #: Office of Land and Water Resources Driller: James w. Mosan P.O. Box 10631 Jackson, MS 39289-0631 Date completed: 11 - 16 - 06 (601)961-5210 (601)354-6938 (fax) Copy information from block on Part 1 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 attached and both parts filed with the Department at the above address within 30 days of well completion. **Well Owner Information** Well Location Latitude: 34.44.585 Longitude: 89.40.837 Owner Name: Necroselo Fitts Method of Lat/Long (check one): Conventional Survey Mailing Address: USGS quad , Hand-held GPS , Survey-grade GPS NE 4 NW 4 Sec 13 T 45 R 5W Distance Direction Telephone No. (642564 - 2750 1314 Miles NW of arian **Pump Type Power Type** Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand **Tractor PTO** Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: (1-16-06 Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: 11-16-06 Air Line Electric Measuring Line Steel Tape Static Water Level (A): 33 Feet Below Land Surface Other (specify): String I weight Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: $\bowtie A$ Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

W. Moson 0-620 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1B

NOV 27 2006

BY: OLWR