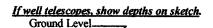
	State W	ell Report	[
County: Pike	Part 1 – D	Priller's Log	For Office Use Only:
	Mississippi Departmen	t of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources		well #: B243
Driller: FitzgerAlduell Server	P.O. I	Box 2309 , MS 39225	
2 11-12	(601)	961-5210	L. S. Elevation:
Date drilling completed: 2-11-13		- 5228 (fax)	P 1 #-
			E-log #:
State Law requires that this repor			
Department at the above address Information on Well (pletion of drilling of the well or borehole. Well or Borehole Location	
(Landowner if borehole is not for a water well)		Latitude: 31° · 12 - ,44.1 " Longitude: 90° 25; 3	
		Latitude: <u>31° ° 1'2 ' , 49.1</u>	" Longitude: 90° 25, 5
Owner Name Mary Adams Mailing Address: TODD RD,			
Mailing Address: TONA RA		Method of Lat/Long (circle or	ne): Conventional Survey,
		USGS quad, Hand-held GPS, Survey-grade GPS 🗸	
		NE 1/5W 1/2 Sec 20 Twn 1/ Rng FE	
Sandera I m	c l	NE 4 DW 4 Secal	
<u>Surhm</u> City State Zip Code		Distance Direction Nearest Town 	
City State Lip Code		Miles	of Jummer
Telephone No. ()			
	Well / Bore	hala Daáa	
Name of organization running log(s): Purpose of borehole (check one): Water W		ogical Investigation Ground	
	SurveyOther (<i>describe</i>) to water well construction	1, skip the remainder of this bl	ock
Purpose of Well (check one): Home	ndustrial Public Supply	Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation	n: Valve Ot	her (describe)	
Static Water Level: <u>50</u> feet ab			2-11-13.
	eel tape electric tape		
Well depth: 150° Well grouted to a dep			
Casing length: <u>140</u> feet Casin			
Screen length: <u>10</u> feet Scree			
Screen slot size: <u>012</u> inches	\sim		
Type of completion (circle all applicable):			-
	Other (describe):		
Ton of lan pipe or reduction in casing	feet If tal.	esconed or more than one scree	en describe on next name
Top of lap pipe or reduction in casing:	teet. <u>If tel</u>	escoped or more than one scree	
			Form: OLWR-SWR-1A

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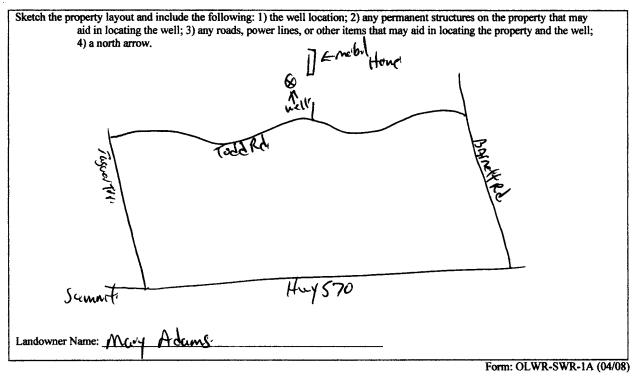
The sketch below only required for water wells



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]
Cluf	0	20
sikel.	20	40
Jond.	<u>(</u>	60
<u> </u>	60	100
Clay	100	1.30
- Curde	<u> </u>	140
<u>Course Jandy</u>	140	150
	- 	
······································		
······································		
		+
		+
······································		+
		+
		+
	1	1

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



I certify that the well/borchole 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

Date

laws <u>d-11-13</u> OLG, BUAS FIZAUL ٨

RECEIVED

Print Name of Responsible Licensee and License No.

Synature of Licensee

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СТАТЕ V	ELL REPORT		
	Part 2 For Office Use Only:		
Permit #: Pump Installe	er's Completion Report Aquifer:		
Driller Fitzer ald Well Faire Office of Lan	d and Water Resources Well # R 24 3		
F. C. L. C. L. F.	J. BOX 2309		
(6)	01)961-5210		
<u>Copy information from block on Part 1</u> (601)	961-5228 (fax)		
This part of the report must be completed by a licensed water we	ll contractor or a licensed pump installer. A copy of Part 1 of the		
report must be attached and both parts filed with the Departmen Well Owner Information	t at the above dataress within 30 days of well completion. Well Location		
Owner Name: Mary Adums	Latitude: 310 12 49.1" Longitude: 40° 25 31."		
Mailing Address: Tudd Rd.	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Summer MS</u> City State Zip Code	<u>4 Sec 20 T 4N R 8E</u>		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. ()	Distance Direction Nearest Town Miles		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Effectric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Dther (specify):	Horse Power Rating of Motor:		
Date Pump Installed: 2-11-13	Setting Depth: <u>FU</u> feet		
Rated Pump Capacity:Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Circle one		
tatic Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
umping Water Level (B):Feet Below Land Surface	Other (specify):		
Prawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
est Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
This is for (circle one): New Well Replacement of Ex	xisting Pump Repair of Existing Pump		
HEREBY CERTIFY that the above statements are true to the best A	of my knowledge.		
BIAd Fitzerald. 029.	Kil Hull		
rint Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer RECENT Form: OLWR-SWR-1C (07-09)		
	. ,		
	MAR 0 8 201		

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