	Aimer a rog			
Permit #: Office of London	and Water Resources			
	and Water Resources Sox 10631  Well #:  Well #:			
i lackron t				
	1S 39289-0631 L. S. Elevation:			
	4-6938 (fax) E-log #:			
Claude Tonor and the state	beautical metalene and the second sec			
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 the work and filed with the			
internation on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	I am an			
Owner Name Bobby By Ant	Latitude: 31° 16. 21.1 Longitude: 90° 16. 35.3			
Mailing Address: Fire Pirce Rd	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Tylerlan ms.	Sw 14 No 14 Sec 35 Twn 40 Rng 9E			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. ()_	Miles of			
78/. 8 / D				
Well / Bore	1			
Date drilling started: 16-7-08 Date drilling completed: 16-7-	OF Hole depth: (0-')-OF Hole diameter:			
Location of the source of any surface water used for drilling:  Method of dosing and volume of Chlorine used in drilling and developments.	opment:			
Logs run (circle all applicable): To log run Electric Gamma Ray Density Sonic Neutron Other:  Name of organization running log(s):				
Purpose of borehole (check one): Water WellGeotechnical/Geole	gical Investigation Ground Source Heat Pump			
Seismic SurveyOther (describe)	i i			
If drilling is not related to water well construction	skip the remainder of this block			
Purpose of Well (check one): HomeIndustrial Public Supply				
If a flowing well, method of flow regulation: ValveO				
Static Water Level: 120 feet above or below (circle one) land surface Date measured: 10-7-08.				
Method of Measurement (circle one) seel tape electric tape air line other:				
Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one); Neat Cement Bentonite Mix				
Casing length: 160 feet Casing diameter: 411 inches Type of casing: Puc				
Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC				
Screen slot size: .012 inches Setting depth: From 160' feet to 170' feet				
Type of completion (circle all applicable): Ciravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next pare				

Form: OLWR-SWR-1A

For Office Use Only:

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			
If well telescones, show depths on sketch.  Ground Level	Description of Formations Encountered	From (depth)	(depth)	
Ground Level	Description of Formations Encountered	Ground Level	o (acpai)	
	gravet.	0	20	
	Candi	40	60	
	cravel-	100	60	
	2 Clus	90	100	
	Sand	100	120	
	Clust	120	140	
	Sund	1,40	160	
	Couce Sand	160	120	
			******************	
		<b> </b>		
		<del> </del>		
		<del> </del>		
If more than one screen, show location of each on sketch				
Landowner Name: Bobby Byant	76 shap. OC-Well			
I certify that the well/borehole was drilled, constructed, and co Mississippi Department of Environmental Quality and the Mis			he	
loud Fyzyrald 024, 10-		1	- -	
Print Name of Responsible Licensee and License No. De	ate Signature of Licens	ee		

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OCT 2 0 2008

**BY: OLWR** 

## STATE WELL REPORT Part 2

County: Pike

For Office Use Only:		
Aquifer:		
Well #: <u>C-122</u>		
Elevation:		

1			s Completion Report	
Permit #:	1	Mississippi Departme	nt of Environmental Quality	Aquifer:
Driller: Fitzgra	d Well Good	Office of Land	and Water Resources	
		T .	Box 10631	Well #:
Date completed: 10	7-08		MS 39289-0631 )961-5210	Well #:
Copy information from bl	ock on Part 1		54-6938 (fax)	Elevation:
		hv a licensed water wall	anuturates as a Heaven during	installer. A copy of Part 1 of the
report must be attached	d and both parts fil	ed with the Department i	contractor or a neenseu pamp i it the above address within 30 a	nstatier. A copy of Fart 1 of the lavs of well completion.
We	ll Owner Informat	ion		ll Location
RILL	. 2. 6		2.04/211	11 600111 2501
Owner Name: Bobb	Dyunt		Latitude: 16 Alv	Longitude: 90°16′ 35.3″
Mailing Address:	Eric Price	Rd	Method of Lat/Long (check o	ne): Conventional Survey,
			USGS quad Hand-held	GPS, Survey-grade GPS
<del></del> ,	1.0 20	•		-
17	lertoun M State	<u>y</u>	¼ ¼ Sec	TR
Cyty	State	Zip Code	Distance Direction	Nonest Town
			Distance Direction	Nearest Town
Telephone No. ()_			Miles o	·f
		······································	<u> </u>	
	<b>3</b> 5			
	Pump Type Circle one			wer Type
	Circie one		C	ircle one
Air Lift	Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas
Bucket	Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill Other	(specify):
Other (specify):			Unera Dawing Dating of Maton	3/4
		The second day of the second d	i	
Date Pump Installed: 10 - D-08		Setting Depth: 140 feet		
Rated Pump Capacity:	12	Gallons Per Minute	Number of Stages: 12	
			<u> </u>	
	Pump Test Data		Mathad of Wa	asuring Water Level
	. amp rest Date			ircle one
Date Well Tested:				
Static Water Level (A): _	Feet	Below Land Surface	Air Line Electric Mea	suring Line Seel Tape
			Other (specify):	
Pumping Water Level (B	):Feet 1	Below Land Surface		
Drawdown [(B) - (A)]: _	Feet	Below Land Surface	For flowing well, measured sh	ut in head:feet
Test Pumping Rate:		Gallons Per Minute	Well yielded	_GPM with a drawdown of
Duration of Pump Test (r	minimum 4 hours):	hours	feet after	hours of pumping
- · ·				P
		***************************************		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Brad Flexald 029 Red Strol				
inc 17 cpe	<u> </u>	<u> </u>	The STATE	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
Brad Flexald 029	Del From				
Print Name of Purap Installer and License No. (if applicable)	Signature of Pump Installer				
		Form: OLWR-SWR-1B			

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OCT 2 0 2008

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