	Mississippi Department of Environmental Quality Aquifer:	
Office of Land a	and Water Resources Sex 10631 Well #: C 129	
Janes V.		
Date drilling completed: $7-30-04$ (601)	961-5210	
	4-6938 (fax) E-log #:	
State Law requires that this report be prepared by the lice	ense holder responsible for the work and filed with the	
Department at the above address within 30 days of comp	letion of drilling of the well or borehole.	
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location	
0	Latitude: 30° 16' . 365 Longitude: 90° 16' 223"	
Owner Name Scibby Bryant	Method of Lat/Long (circle one): Conventional Survey,	
Mailing Address: Paksyllill Rd		
	USGS quad, Hand-held GPS, Survey-grade GPS	
Tylertour ms	NE 1/4 NW 1/4 Sec 35 Twn AN Rng 9E	
City State Zip Code	Distance Direction Nearest TownMiles of	
Telephone No. ()	ivines oi	
Well / Bore	hole Data	
Date drilling started: 4-30-09Date drilling completed: 4-30-0	Hole depth: 185 Hole diameter: 8"	
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development:		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:		
Purpose of borehole (check one): Water Well Geotechnical/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: ValveO		
Static Water Level: 107 feet above or below (circle one) land surface Date measured: 4-30-09		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth: 185 Well grouted to a depth of 10 feet Type of grout (circle one); Neat Cement Bentonite Mix		
Casing length: 175 feet Casing diameter:		
Screen length: 10 feet Screen diameter: 41 inches Type of screen: Poo		
Screen slot size: 4012 inches Setting depth: From 175 feet to 185 feet		
Type of completion (circle all applicable): Gravel 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 page		

State Well Report Part 1 – Driller's Log

County: Pitce

Form: OLWR-SWR-1A

For Office Use Only:

20

40 100

From (depth) To (depth) Ground Level 0

20 40 60

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered

	***************************************	(davel	100	110
		Hay	110	140
		Sand	140	120
		course sand	170	185
			And the second second second second	And the second s
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	The state of the s			the graph appears were the absence or printing and
	Association and the second			and the state of t
If more than one screen, show location of each on	sketch			
	Patsy Hill A	se de	uell.	
Landowner Name: Bobby Bryant		A. OFFICIAL STATE OF THE STATE		
certify that the well/borehole was drilled, constructe	ed and completed in a	Foorday on with all analisable	orm: OLWR-S	SWR-1A
lississippi Department of Environmental Quality on	d the Mississiani Dans	ecoruance with an applicable requ	arements of th	e
lississippi Department of Environmental Quality an ws.	a me mississippi Depa	rtment of Health regulations, if a	pplicable, and	state
Brad Flyward orga	4-30-08	Beal Strala		
rint Name of Responsible Licensee and License No.	Date	Signature of Licensee	Beathers of an earling glip injuried in Facility and investigating an algebraic state of the control of the con	RECEIVED
				MAY 2 2 2009
			E	BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level.

STATE WELL REPORT

County: Pite Permit #: ____ Driller: Titzgerald Well Server. Date completed: 430-09. Copy information from block on Part 1

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210

(601)354-6938 (fax)

For Office Use Only:	
Aquifer:	
Well #:	
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 attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information

Well Location

Well Owner Information	Well Location
Owner Name: Bobby Bryant Mailing Address: Patsy Hill Rd	Latitude: 31° 16 ' 365" Longitude: 90° 16 ' 22.3
Mailing Address: Putsy Hill Rd	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Tylerloun MS City State Zip Code	1/41/4 SecTR
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	Miles of

	Pump Type Circle one			Power Type Circle one	-
Air Lift	Jet	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 Ratin	ng of Motor: 3/4	
Date Pump Installed:	4-30-09.		Setting Depth:	140	feet
Rated Pump Capacity:	12	_Gallons Per Minute	Number of Stages:	12-	

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested:			
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):		
Pumping Water Level (B):Feet Below Land Surface	Other (specify).		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		

I HEREBY CERTIFY that the above statements are true to the	best of my knowledge.
BAZ Fitzurald 024	Bud Shold
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B