	STATE W	ELL REPORT		ר				
County: PR	Part 1		For Office Use Only:					
Permit #:		ller's Log	Well #: <u>C139</u>					
Driller: Fitzgraid Well Ferce	Mississippi Departme Office of Land	nt of Environmental Quality and Water Resources	Aquifer:					
GaG is	J P.C). Box 2309	E-Log #:					
Date drilling completed: 7-7-73		, MS 39225-2309 1)961-5210		_				
	•	60-0535 (fax)						
State Law requires that this report	be prepared by the lic	ense holder responsible for ti	he work and filed with the					
Department at the above address within 30 days of completion of drilling of the well or borehole.								
Well Owner Informat (Landowner if borehole is not for	well or Borehole Location or a water well) Latitude: 310168.44 Longitude: 400197.9"							
Owner Name: Charles MC		atitude: 31 16 6 7 Lor	· 					
	I &	Method of Lat/Long (check one): Conventional Survey,						
Mailing Address: DTOP FORMER,		USGS quad, Hand-held GPS, Survey-grade GPS						
			32 TYNV R 95					
City MS State	Zip Code			`				
,	· -	Miles o (Distance) (Direction)	f(Nearest Town)	•				
Telephone No. ()		(Distance) (Direction)		_				
_	Well / Bor	ehole Data	9					
Date drilling started: $9-9-13$. Date	e drilling completed: ${m q}$	<u>'-9-13</u> Hole depth:	Hole diameter: 8"					
Location of the source of any surface								
Method of dosing and volume of Chlori	ine used in drilling and	I development:						
Logs run (circle all applicable): No log								
Name of organization running log(s):		•						
		al/Geological Investigation	Ground Source Heat Pump	,				
Purpose of borehole (circle one): Vate			•					
	· ·	escribe)		Ì				
		struction, skip the remainde		-				
Purpose of Well (circle all applicable):	(Home Industrial	Public Supply Irrigation	Fish Culture					
Other (describe):				·				
If a flowing well, method of flow regu	ılation: Valve	Other (describe)		.				
Static Water Level: _/20′fee	et [above or below] (circle one)	land surface Date measure	d: <u>9-9-13,</u>					
Method of measurement (circle one):				-				
Well depth: 17 Well grouted to	a depth of: 10 fe	et Type of grout (circle one)	: Neat Cement Bentonite Mix					
Casing length: 169 feet	Casing diameter:	inches Type of	casing: Puc	-				
Screen length:feet	Screen diameter:	inches Type of	screen: <u>Pvc</u>	-				
Screen slot size:inche	s Setting depth:	From 169 feet t	to 179 feet E					
Type of completion (circle all applicat	ble): Gravet packed	Underreamed Open hole	Natural Development	Giva va				
Other (describe):				- 				
Top of lap pipe or reduction in casing				HAVIN				
If teles	coped or more than o	ne screen, describe on next po	age					

Form: OLWR-SWR-1A (4/13)

County: Pite		Fo	r Office Use	Only:
Permit #:		ł	C139	
The shotely later of the same	B 4 4 4 4 4	L		
The sketch below only required for water wells	Description of formations enc and boreholes, unless specific	countered cally exem	must be provide pted by regulati	ed for all well ions
<u>If well telescopes, show depths on sketch.</u> Ground Level	Description of Formations Encou	ntered	From (depth)	To (depth)
	Clay.		Ground level	1.
·	Clubs.		20	40
	Clark.	4	40	40
	s'due!		60	100
	Sun	.ત	100	140
	clum 10use l		1460	16c
	700000	Sarci	140	177
		·		
1				
				
If more than one screen, show location of each on sketch				
iketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in any roads, power lines, or other items that may aid in 4) north arrow	d in locating the well locating the property and the well		•	
W Huey 4	14	(K	
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	P Toe Feldopy			
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		<i>>></i>		
	•	Hayen Blow		
		$\mathfrak{E}_{\mathcal{L}}^{\mathcal{L}}$		
01 10 2001	1	~u	e(·	
andowner Name: <u>(hwk)</u> , Mc(len				
HEREBY CERTIFY that the well/borehole was drilled, concurrence of the Mississippi Department of Environm applicable, and state laws.	onstructed, and completed in ac ental Quality and the Mississippi	cordance Departm	with all applic ent of Health r	able egulations,
	2 1	1 1	1	
Brad Flawa L. Ogg. rint Name of Remonsible Licensee and License No.	Date Beal &	trul	of Licensee	

	CTATE WATE	II REPORT					
County: Pete	STATE WELL REPORT Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality		For Office Use Only:				
Permit#:			Aquifer:				
Driller: Fitzgarald Wellserge	Office of Land a	nd Water Resources	Well#:				
Date completed: 9-9-13.	P.O. Box 2309 Jackson, MS 39225		Elevation:				
Copy information from block on Part 1	\ <i>\</i> -	961-5210 1-5228 (fax)					
	, ,	• •	nstaller. A copy of Part 1 of the				
This 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 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					
Owner Name: Charles M Cle		Latitude: 310 16 8.4" Longitude: 900 19 7.9"					
Mailing Address: P. Toe Felder Rd		Method of Lat/Long (check one): Conventional Survey,					
		•	GPS, Survey-grade GPS				
m clamb ms							
City State	City State Zip Code		Nearest Town				
Telephone No. ()		Distance Direction Nearest 10wn Miles of					
Pump Type Circle one			wer Type Circle one				
Air Lift Jet	Submersible	1	ne Engine Natural Gas				
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO				
Centrifugal Rotary	Flowing Well		(specify):				
Other (specify):		Horse Power Rating of Motor	: 3/4				
Date Pump Installed: 9-9-13,		Setting Depth:feet					
Rated Pump Capacity: 12.		Number of Stages: 12.					
Pump Test Data			easuring Water Level				
Date Well Tested:			asuring Line Steel Tape				
Static Water Level (A):Feet Below Land Surface		Other (specify):					
Pumping Water Level (B):Fee	t Below Land Surface						
Drawdown [(B) - (A)]:Feet Below Land Surface			shut in head:feet				
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				
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump							
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.							
BIACTIFICATION OF PUMP Installer and License No. (if applicable) Print Name of Pump Installer Signature of Pump Installer Form: Of WB-SWR-12 107091							
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-10, 107091							

BY: OLWA