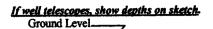
·····	State W	ell Report	
county: <u>Pike</u>	Part 1 – I	Filler's Log	For Office Use Only:
Permit #:		t of Environmental Quality nd Water Resources	Aquifer: <u>E.297</u>
Driller: Fifepereld Well forme	P.O.	Box 2309	Well #:
Driller: (172 prod o well for 4		n, MS 39225 961- 5210	L. S. Elevation:
Date drilling completed: <u><u><u></u></u><u><u></u><u><u></u><u></u><u></u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u>		I- 5228 (fax)	E-log #:
State Law requires that this repor	t he prepared by the lic	ense helder resnansihle for i	
<u>Department</u> at the above address			
Information on Well C (Landowner if borehole is not fo			prehole Location
	•	Latitude: 310. 14, 47	V Longitude 40° • 24', 13.2"
Owner Name house Jones		囚 Method of Lat/Long (circle or	8 13
Mailing Address: <u>Blue Rige. R</u>	1		I GPS, Survey-grade GPS
		N. KNIWK Sm 9	Twn <u>3N Rng 8E</u>
<u>n City</u> Stat	5		
City Stat	e Zip Code	Distance Direction Miles	Nearest Town of
Telephone No. ()			
	Well / Bore	hole Data	
Date drilling started: 8-26-11 Date dri			Hole diameter: 811
Location of the source of any surface wate Method of dosing and volume of Chloring		opment:	
Logs run (circle all applicable): No log part Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:
Purpose of borchole (check one): Water W	ellGeotechnical/Geol	ogical Investigation Ground	i Source Heat Pump
Seismic	Survey Other (<i>describe</i> to water_well construction)	ock
Purpose of Well (check one): Home	ndustrial Public Supply	Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation	n: Valve C	ther (describe)	
Static Water Level:feet at	ove or below (circle one)	and surface Date measured:	8-26-11
Method of Measurement (circle one)		_	
Well depth: <u>178</u> Well grouted to a de	• •••		
Casing length: <u>158</u> feet Casin	ng diameter: <u>9"</u>	inches Type of casing:	
Screen length: <u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>		inches Type of screen:	
Screen slot size:			
1 ype of completion (circle all applicable):	Ċ	reamed leiescoped Open	
Top of lap pipe or reduction in casing:	feet. If te	lescoped or more than one scre	<u>en, describe on next page</u>
L			Form: OLWR-SWR-1A (04/08

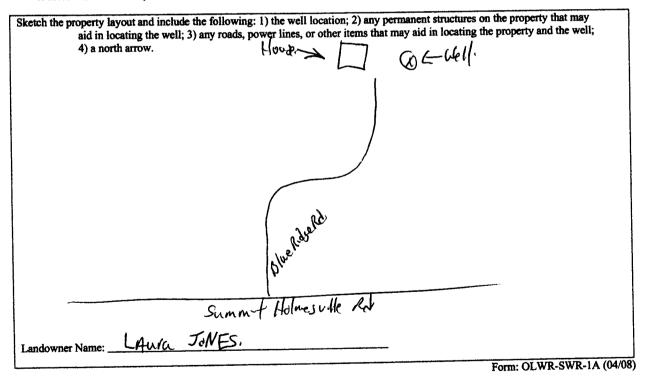
The sketch below only required for water wells



Description of formations encountered	<u>i must be provided for all</u>
wells and boreholes, unless specificall	<u>v exempted by regulations</u>

Description of Formations Encountered	From (depth)	To (dept
	Ground Level	
Clup .	1 0	20
Sturd.	20	60
clary	60	80
crimet-	80	110
cloy	110	140
Sauf	140	150
Course sand	150	170
		4
		-
		+
		+
		_
		+
		+
		-
		1

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



I certify that the well/borehole 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

law Fitzgend D/Ad

8-26-11

1 la

Print Name of Responsible Licensee and License No.

074

Signature of Licensee



unty: Pite Par mit #: Mississippi Department iller: Fitzjevald Well Serve te completed: 8-26-11 Jackson or information from block on Part 1 Description of the serve (601)96	LL REPORT art 2 Completion Report t of Environmental Quality and Water Resources Box 2309 MS 39225 961-5210 1-5228 (fax)	For Office Use Only: Aquifer:
is part of the report must be completed by a licensed water well of the attached and both parts filed with the Department a	t the above adaress within 30 a	installer. A copy of Part 1 of the lays of well completion.
Well Owner Information	VV C	2"Longitude: <u>40°24' 13.2</u> "
iling Address: Blue Ridse		ne): Conventional Survey,
iling Address: Blue Koge		GPS
0.11 J	USGS quad, Hand-new	9 TJN R SE
Milanh MS. City State Zip Code		Nearest Town
lephone No. ()	Distance Direction Miles	of
	D.	ower Type
Pump Type Circle one		Circle one ine Engine Natural Gas
r Lift Jet Submersible	Electric Motor Hand	Transfer PTO
ucket Piston Turbine		r (specify):
entrifugal Rotary Flowing Well		or: _3
ther (specify):	Horse Power Ranng of Mon	feet
ate Pump Installed: 8-26-11		
ated Pump Capacity:Gallons Per Minute	Number of Stages:	
Pump Test Data	Method of N	Acasuring Water Level
Date Well Tested:	Air Line Electric M	leasuring Line Steel Tape
Static Water Level (A):Feet Below Land Surface	Other (specify):	
Pumping Water Level (B):Feet Below Land Surface	11	d shut in head:feet
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured	GPM with a drawdown of
Test Pumping Rate:Gallons Per Minute		erhours of pumping
Duration of Pump Test (minimum 4 hours):hours	feet and	
This is for (circle one): New Weld Replacement of	Existing Pump Repair of	of Existing Pump
I HEREBY CERTIFY that the above statements are true to the be	st of my knowledge.	
Rial Internally 020	Red The Signature of Pur	np Installer
Print Name of Pump Installer and License No. (if applicable)	Signature of La	Form: OLWR-SWR-1C (07-0
		CED 0
		SEP 0
		BY: n