State W	ell Report
County: fike Part 1 - I	Priller's Log For Office Use Only:
Mississippi Departmen	t of Environmental Quality Aquifer:
Permit #: Office of Land at	nd Water Resources Sox 2309 Well #: E304
5 11 · 1472 · 4 C. 1 J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	MS 30225
Date drilling completed: 4-11-12, (601)96	61- 5210 L. S. Elevation:
Date drilling completed: (601)96	- 5228 (fax) E-log #:
Ctate I am requires that this report he managed by the lie	
State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp	
Information on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well)	210 11' 504"
Owner Name LAaren Loff	Latitude: 31° 11′ ,59.4″ Longitude: 90° 23′, 13.8″
	Method of Lat/Long (circle one): Conventional Survey,
Mailing Address: G. Lo Son Rd	USGS quad, Hand-held GPS, Survey-grade GPS
	SW4 NE4 Sec 27 Twn 3N Rng 8E
Mongh MS City State Zip Code	
City State Zip Code	Distance Direction Nearest Town Miles of
Telephone No. ()_	Vines
Well / Bore	nole Data
Date drilling started: $9-11-12$ Date drilling completed: $9-11-12$	Hole depth: 138 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	opment:
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:
Purpose of borehole (check one): Water Well Geotechnical/Geolo	gical Investigation Ground Source Heat Pump
Seismic Survey Other (describe) If drilling is not related to water well construction	
Purpose of Well (check one): HomeIndustrial Public Supply	Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve O	
Static Water Level: 95 feet above or below (circle one) le	and surface Date measured: 4-11-12
Method of Measurement (circle one) seel tape electric tape	
Well depth: 138 Well grouted to a depth of 10 feet Type	of grout (circle one): Neat Cement Bentonite Mix
Casing length: 128 feet Casing diameter: 41	inches Type of casing:
Screen length: 10' feet Screen diameter: Y"	_inches Type of screen: _ Pcc
Screen slot size:inches	124' feet to 134' feet
Type of completion (circle all applicable): Gravel packed Under	eamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: feet. If tel	escoped or more than one screen, describe on next page
The state of the s	Form: OLWR-SWR-1A (04/08)

RECEIVED

APR 2 5 2012

BY: OLWR

The sketch	below onl	v required	for y	vater wells

ľ	well	telescopes,	show	depths	on	sketch
	Gro	ound Level.		7		

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

From (depth)	To (depth)
Ground Level	
\mathcal{O}	20
20	60
60	80
80	90
90	lio
110	120
120	138
	Ground Level () 20 60 80 90

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

Sketch the property layout and include the following: 1) to aid in locating the well; 3) any roads, power 4) a north arrow.	he well location; 2) any permanent structure r lines, or other items that may aid in locatin	es on the property that may ng the property and the well;
W.	Muy 98 Gos R	E
Landowner Name: Lawren Lott		Form: OLWR-SWR-1A (04/08

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

BIAD Fitzerald Print Name of Responsible Licensee and License No.

Signature of Licensee

RECEIVED

APR 2 5 2012

BY: OLWR

0 F.	STATE WELL REPORT	For Office Use Only:
County: fike	Part 2	Aquifer:
Permit #: Mi	Pump Installer's Completion Report ssissippi Department of Environmental Quality	Aduliei
Driller: Fitzserald Well Sence	Office of Land and Water Resources P.O. Box 2309	Well #: <u>E.304</u>
Date completed: 4-11-12	Jackson, MS 39225 (601)961-5210	Elevation:
Copy information from block on Part 1	(601)961-5228 (fax)	
This part of the report must be completed by a l	icensed water well contractor or a licensed pump h the Department at the above address within 30	installer. A copy of Part 1 of the
Well Owner Information	We	ell Location
Owner Name: Lawren Loft	Latitude: 31 ° 11 'Sq.4	"Longitude: 90° 23′ 13.8
Mailing Address: Glason Rd		one): Conventional Survey,
	USGS quad . Hand-held	d GPS, Survey-grade GPS
M (lomb M) City State		27 T 3N R 8E
City State	Zip Code Distance Direction	
Telephone No. ()		of

Pump Type Circle one		ower Type Circle one
		ine Engine Natural Gas
Bucket Piston Turb	ine Electric Motor Hand	Tractor PTO
Centrifugal Rotary Flow		(specify):
Other (specify):	Horse Power Rating of Motor	r. 1/2
Date Pump Installed: 4-11-12.	Setting Depth: 120	
Rated Pump Capacity: 12 Gallo	ns Per Minute Number of Stages:	
Pump Test Data	Method of Me	easuring Water Level
Date Well Tested:	······································	Circle one asuring Line Steel Tape
Static Water Level (A):Feet Below		asuring Line Steel Tape
Pumping Water Level (B):Feet Below	Land Surface Other (specify):	
Drawdown [(B) – (A)]:Feet Below	Land Surface For flowing well, measured s	hut in head:feet
Test Pumping Rate:Gallon	ns Per Minute Well yielded	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	hoursfeet after _	hours of pumping
This is for (circle one): New Well R	Repair of Existing Pump Repair of E	xisting Pump
HEREBY CERTIFY that the above statements as	re true to the best of my knowledge.	
Print Name of Pump Installer and License No. (if	applicable) Signature of Pump In	actallar
	appriorate) Signature of Lamp II	Form: OLWR-SWR-

APR 2 5 2012