County:	Pike	
Permit #		
Driller:	Fitzgerald Well	
Date drilling completed: <u>6/4/14</u>		

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STATE WELL REPORT Part 1

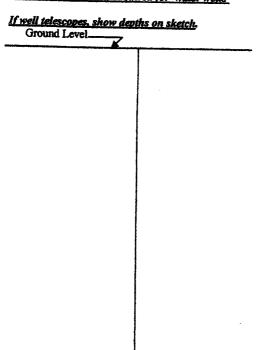
Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax)

For Office Use Only:			
Well #: <u>E315</u>			
Aquifer:			
E-Log #:			

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information	Well or Borehole Location				
(Landowner if borehole is not for a water well)	Latitude: $31^{\circ}14'39.9''$ Longitude: $90^{\circ}23'36.8''$				
Owner Name: Ush Bass					
Mailing Address: <u>Chester Reeves</u> Rol	Method of Lat/Long (check one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
McComp MS	<u>NW 14 NW 14, Sec 10 T 3N REF-</u>				
City State Zip Code	Miles of				
Telephone No. ()	Miles of (Distance) (Direction) (Nearest Town)				
Weil / B	Borehole Data				
	(4 4 4 Hole depth: 180 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:					
Name of organization running log(s):					
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump					
Seismic Survey Other (describe)					
If drilling is not related to water well c	(describe)				
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation Fish Culture JUN ${f 1.6}$ 2014				
Other (describe):					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level:					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):					
Well depth: 180 Well grouted to a depth of: 10 f	feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 100 feet Casing diameter: 4" inches Type of casing: PVC					
Screen length:feet Screen diameter:	<u>4"</u> inches Type of screen: <u>PVC</u>				
Screen slot size: 0.010 inches Setting depth:	From 100 feet to 180 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing:feet	one screen, describe on next page				

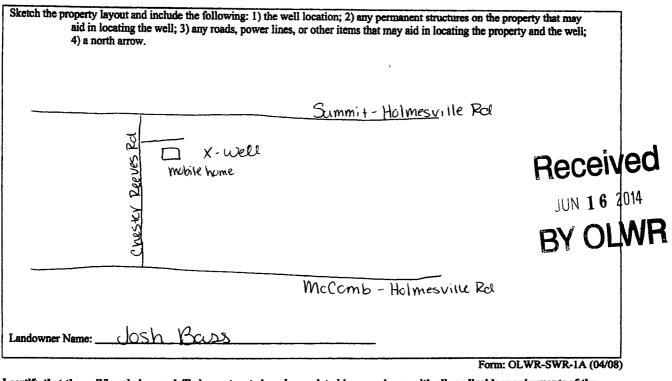
The sketch below only required for water wells



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	()	20
Sand	20	40
Gravel	40	60
Clay	60	170
Sand	170	75
Clay. Cravst sand	75	160
Coarst sand	160	180
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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

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 Health regulations, if applicable, and state

laws

4-14. Date

Print Name of Responsible Licensee and License No.

Q24.

Signature of Licensee

14

	STATE WELL REPORT				
County:PiKe	Part 2	For Office Use Only:			
Permit #:	Pump Installer's Completion Report Mississippi Department of Environmental Quality	Well #: <u>E315</u>			
Driller: <u>Fitzgexald Well</u> Date completed: <u>6/4/14</u>	Office of Land and Water Resources	weil #:			
Date completed: <u>6/4/14</u>	P.O. Box 2309 Jackson, MS 39225-2309	Aquifer:			
Copy information from block on Part 1	(601)961-5210				
New York (1997)	(601) 360-0535 (fax)				
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	on Well L	ocation			
Owner Name: bsh Bass	Latitude: <u>31°14'39.9"</u> Lor	igitude: <u>90° 23' 36. 8''</u>			
Mailing Address: <u>Chester Ree</u>	Ves Rel Method of Lat/Long (check one	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held G	USGS guad, Hand-held GPS, Survey-grade GPS			
McComb MS City State	• • • •	10 T 3N R 8E			
City State	Zip Code Miles of				
Telephone No. ()	(Distance) (Direction)	f(Nearest Town)			
Pump Type (circle one)					
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
Date Pump Installed:					
Is This Pump (circle one): New Rep	paired Replacement				
	Power Type (circle one)				
Electric Diesel Gasoline Natural Gas	Tractor PTO Windmill Other (<i>describe</i>):	<u></u>			
Horse Power Rating of Motor:1/2	Setting Depth:GOfeet Number	of Stages:し			
	Pump Test Data for Non Flowing Well				
Date Well Tested:	Duration of Pump Test (minim	um 4 hours): hours			
Static Water Level (A): Feet	Below Land Surface Pumping Water Level (B):	Feet Below Land Surface			
Drawdown [(B) - (A)]:	Feet Below Land Surface Test Pumping Rate:	Gallons Per Minute			
Method of measurement (circle one): St	eel tape Electric tape Air line Other (<i>describe</i>):_				
	Pump Test Data for Flowing Well				
Measured shut in head:feet.					
Well yieldedGPM with a d	rawdown of feet after	hours of pumping			
r	Meter Installation				
Meter Manufacturer:	Meter Serial Number:	-Received			
Meter Model Number/Name:	Type of Meter:				
1	ctor (AF x .001, gal x 1000, etc):				
	Weter installed by:				
Is This Meter (circle one): New Repaired Replacement					
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.					
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
BIAC FIZERAL OZA 6-4-14. Ruffuld Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Gignature of Pump Installer					