	ell Report	E Office Hee Only		
County: Pike. Part 1 – I	Driller's Log	For Office Use Only:		
Mississippi Departmen	t of Environmental Quality	Aquifer:		
Permit #: Office of Land a	nd Water Resources	Well #:		
1 Driller P 17701010 WE 11 Deller	Box 10631 IS 39289-0631	L. S. Elevation: 380'		
Juckson, II	961-5210	L. S. Elevation:		
(601)35-	4-6938 (fax)	E-log #:		
	` ′			
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	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rehole Location		
(Landowner if borehole is not for a water well)	Torinda 3/0 15'31	Longitude: 90° 19 . 249,4°		
Owner Name King Pitman	3/	Z5		
Mailing Address: Arent Rd.	Method of Lat/Long (circle on	e): Conventional Survey,		
Mailing Address: A 1897 130	USGS quad. Hand-held	GPS, Survey-grade GPS		
McComb ms	// // // Sec_ //	Twee Rng De		
M (Comb MS City State Zip Code	Distance Direction	Nearest Town		
	Miles	of		
Telephone No. ()				
Well / Bore	hole Data			
Date drilling started: 4-23-08 Date drilling completed: 4-23-	08 Hole depth: 140	Hole diameter: 7"		
Location of the source of any surface water used for drilling:				
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/Geok	ogical Investigation Ground	Source Heat Pump		
Sainnia Sannan Odkar (Januari)		_		
Seismic Survey Other (describe If drilling is not related to water well construction		ck		
Purpose of Well (check one): HomeIndustrial Public Supply				
	If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level:feet above or below (circle one) land surface Date measured: 4-33-08				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 140' Well grouted to a depth of 10' feet Type of grout (circle one): Weat Cement Bentonite Mix				
Casing length: 136 feet Casing diameter: 4" inches Type of casing: Puc				
Screen length: 10 feet Screen diameter: 4" inches Type of screen: pvc				
Screen slot size:inches Setting depth: From130^feet tofeet				
Type of completion (circle all applicable): Gravel packet Underreamed Telescoped Open hole Natural Development				
Other (describe):				

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

feet. If telescoped or more than one screen, describe on next page

The sketch below	only	required for	water wells

If 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

Description of Formations Encountered		To (depth)
	Ground Level	
Clay	0	20
Clayi Sundi,	20	60 80
Clavel	60	80
5 and	80	100
Cley-	100	120
Clay- Scind, Lung Sand	130	130
Laure Sand	130	140
		1
	<u> </u>	1
	<b>†</b>	1
		<b>†</b>
L	<u> </u>	1

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

Sketch the property layout and include the following: 1) to	he well location; 2) an	permanent structures on the prope	rty that may
aid in locating the well; 3) any roads, power	<b>\</b>	nat may aid in locating the property	and the well;
4) a north arrow.		mobil Home	
Well'	1		
	\		
	1		
	1		
	1		
	\		
	}		
B.	entRd		
Landowner Name: Kim Pitrocar			
Landowner Name: // / / / / / / / / / / / / / / / / /		•••	
L			orm: OLWR-SWR-1A
I certify that the well/borehole was drilled, constructed,	and completed in acc	ordance with all applicable requi	rements of the
Mississippi Department of Environmental Quality and t	he Mississippi Depar	tment of Health regulations, if ap	plicable, and state
Beal Stud 629	4-23-00	Beal Shalf	
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	

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BY: OLWR

## STATE WELL REPORT

## County: \_ Permit #:

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:		
Aquifer:		
Well #:	F-134	
Elevation: _	380	

Driller: Trasplate Well		and water Kesources  Box 10631	F 124
Driller: Tt25 erald Well Date completed: 4-23-08	Jackson, N	AS 39289-0631	Well #: F- 134
	(601)961-5210 (601)354-6938 (fax)		Elevation: 380
Copy information from block on Part 1	` '	,	
This part of the report must be completed by report must be attached and both parts filed			
Well Owner Informatio	····		Location
Owner Name: Kim Pitinan		James 210 18 3191	Longitude: 90° 19'24.9"
		Lanude: 7/ 10 01:1	Longitude.
Mailing Address: Brent Rd.	•	Method of Lat/Long (check or	ne): Conventional Survey,
<del></del>		USGS quad, Hand-held	GPS, Survey-grade GPS
<u>m'Comb</u> ms. City State		1414 Sec	TR
City State	Zip Code	Distance Direction	Nearest Town
Telephone No. ()		Mileso	f
		<u> </u>	
Pump Type	······································		wer Type
Circle one		C	rcle one
Air Lift Jet (	Submersible	Diesel Engine Gasolin	e Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	1	specify):
Other (specify):		Horse Power Rating of Motor:	1/2
Date Pump Installed: 4-23-08		Setting Depth: 120	
Rated Pump Capacity: 2	Gallons Per Minute	Number of Stages:	
Pump Test Data			asuring Water Level ircle one
Date Well Tested:		Air Time Plantis Man	
Static Water Level (A):Feet B	selow Land Surface	Air Line Electric Mea	suring Line Steel Tape
		Other (specify):	
Pumping Water Level (B):Feet Be	elow Land Surface		
Drawdown [(B) - (A)]:Feet B	elow Land Surface	For flowing well, measured sh	ut in head:feet
Test Pumping Rate:	Gallons Per Minute	Well yielded	_GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): _	hours	feet after	hours of pumping
I HEREBY CERTIFY that the above stateme	nts are true to the best o	f my knowledge	
Blad Fitzpach	029	Bud Start	
Print Name of Pump Installer and License No	o. (if applicable)	Signature of Pump In	
			Form: OLWR-SWR-1B

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