	State Well Report			
County Pitce	Part 1 – Driller's Log	For Office Use Only:		
County: <u><u><u>P</u>:<u></u><u><u>P</u>:<u></u><u>P</u>:<u></u><u>P</u>:<u></u><u>P</u>:<u></u><u>M</u></u></u></u>	ississippi Department of Environme	ntal Quality Aquifer. 153		
Permit #:	Office of Land and Water Resol P.O. Box 2309	Well #:		
Driller: Fitzerald Well Secure	Jackson, MS 39225	L. S. Elevation:		
Date drilling completed:	(601)961-5210	L. S. Elevation:		
	(601)961- 5228 (fax)	E-log #:		
		ponsible for the work and filed with the		
Department at the above address within 30 days of completion of drilling of the well or borehole.				
Information on Well Own (Landowner if borehole is not for a		Well or Borehole Location		
	I otituda 3/	. 11 55.6 Longitude: 90° 18.35.6		
Owner Name_ Eddie Miluly		Long (circle one): Conventional Survey,		
Mailing Address: Maynel 14 Holne	sulle Rd	ad, Hand-heid GPS, Survey-grade GPS		
	-			
m'lomb ms	20% 100	24 Sec_29_Twn <u>3N_Rng9E</u>		
<u>Milanb MS</u> City State	Zip Code Distance	Direction Nearest Town		
Telephone No. ()	Mile	s of		
Telephone No. ()				
	Well / Borehole Data			
Date drilling started: $\frac{4-4-11}{1}$ Date drilling completed: $\frac{4-4-11}{1}$ Hole depth: $\frac{142}{1}$ Hole diameter: $\frac{81}{1}$				
Location of the source of any surface water us	ed for drilling:			
Method of dosing and volume of Chlorine used in drilling and development:				
Logs run (circle all applicable): Kotogram Electric Gamma Ray Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: <u>142</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one) Neat Cement Bentonite Mix				
Casing length: $132^{-1}$ feet Casing diameter: $4^{11}$ inches Type of casing: $912^{-1}$				
Screen length: feet Screen diameter: inches Type of screen:				
Screen slot size:		feet to <u></u> feet		
Type of completion (circle all applicable):		coped Open hole Natural Development		
Other (describe):				
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page				
	Form: OLWR-SWR-1A (04/08)			

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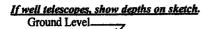
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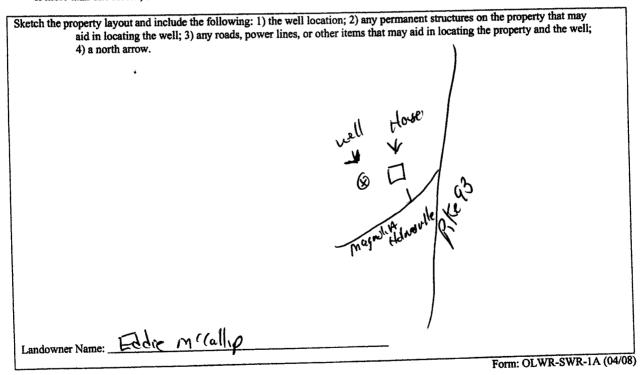
## The sketch below only required for water wells



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

Description of Formations Encountered	From (depth)	Γo (dept
	Ground Level	
cluy.	0	20
sidue!	20	40
Sand.	40	60
Club	60	80
Sahe	80	100
Clay	100	120
Tourse stind	120	14'
		`
	1	L
		1
		1
		1
		+
		+
	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

laws. ð Brad Azwerk Date

Bed

Print Name of Responsible Licensee and License No.

Signature of Licensee

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County: <u>Pike</u> Permit #: Driller: <u>Filtzgeald</u> <u>Well</u> func, Date completed: <u>Y-4-11</u> <u>Coav information from block on Part 1</u> This part of the report must be completed by a licensed water well of report must be attached and both parts filed with the Department a Well Owner Information Owner Name: <u>Eddire M(allip</u> Mailing Address: <u>Magned IA</u> <u>Holmesulle</u> <u>City</u> State Zip Code	Aquifer:    of Environmental Quality    ad Water Resources    Box 2309    MS 39225    061-5210    -5228 (fax)    ontractor or a licensed pump installer.    Well Location    Vell Location    Uses quad, Hand-held GPS   ¼  SecT    Distance  Direction	a: A copy of Part 1 of the I completion. a ie: $\underline{90^{\circ}18^{\circ}35.6}$ rentional Survey, Survey-grade GPS, Survey-grade GPS, Survey-grade Town
Telephone No. ()    Pump Type Circle one Jet    Air Lift  Jet  Submersible    Bucket  Piston  Turbine    Centrifugal  Rotary  Flowing Well    Other (specify):	Milesof   Milesof   Milesof   Of    Power Type    Circle one    Diesel Engine    Gasoline Engine    Electric Motor    Hand    Windmill  Other (specify):    Horse Power Rating of Motor:	Natural Gas Tractor PTO
Pump Test Data    Date Well Tested:	Method of Measuring Circle one Circle one Electric Measuring L    Other (specify):    For flowing well, measured shut in he    Well yielded GPM   feet after	ead:feet
This is for (circle one): New Wey Replacement of I I HEREBY CERTIFY that the above statements are true to the be $BAC = f_{Zea} + O_{Print}$ Print Name of Pump Installer and License No. (if applicable)	st of my knowledge.	

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