County: Pite		Oriller's Log	for Office Use Only.				
•		nt of Environmental Quality	Aquifer: 6 118				
Permit #:	Office of Land a	Well #:					
Driller: Fitzyrald well for	P.U. I	Box 2309 1, MS 39225					
200010	(601)	961- 5210	L. S. Elevation:				
Date drilling completed: 7-30-101	V /	1- 5228 (fax)	E-log #:				
State Law requires that this repor	t be prepared by the lice	ense holder responsible for t	he work and filed with the				
Department at the above address Information on Well O			rehole Location				
(Landowner if borehole is not for a water well)							
7		Latitude: 310 ° 5 ' 334	F"Longitude: 90" 28,55.6"				
Owner Name Pats/ Meyers		Method of Lat/Long (circle one): Conventional Survey,					
Mailing Address: Hwy 57		Wethod of Lav Long (effect one). Conventional Survey,					
vianing Address.		USGS quad. Hand-held GPS, Survey-grade GPS					
		NE 14 52 14 Sec 34	- 2 N 0 75.				
marnelia		10 4 70 4 Sec 5 1	Iwn V /V Rng IV				
City Stat	e Zip Code	Distance Direction	Nearest Town				
-	•	Miles	of				
Telephone No. ()_	to a grade or the state of the						
	Well / Bore	hole Data					
Well / Borehole Data Date drilling started: 7-30-10 Date drilling completed: 7-30-10 Hole depth: 307 Hole diameter: 810							
Date drilling started:	lling completed: 750	Hole depth: 30/	Hole diameter:				
Location of the source of any surface water	r used for drilling						
Method of dosing and volume of Chlorine	<u> </u>						
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:							
Name of organization running log(s).							
Purpose of borehole (check one): Water WellGeotechnical/Geological Investigation Ground Source Heat Pump							
S-::- S							
	urveyOther (describe)		nck				
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: ValveOther (describe) Static Water Level: 33feet above or below (circle one) land surfaceDate measured:							
Static Water Level: 35feet abo	ove or below (circle one) la	and surface Date measured:_	17-30-10				
Method of Measurement (circle one)	electric tane	air line other					
_	- -						
Well depth: 362 Well grouted to a dep		of grout (circle one): Neat Cem	-				
Casing length: 287 feet Casing	g diameter:	_inches Type of casing:	Pvc				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_mones Type of easing	2				
Screen length: 20' feet Scree	n diameter:	_inches Type of screen:	pa				
•		287 feet to 3	07feet				
Type of completion (circle all applicable):	Gravel packed Underr	reamed Telescoped Open	hole Natural Development				
	Other (describe):						
Tomos Chamming and and activities							
Top of lap pipe or reduction in casing:	tcet. If tele	escoped or more than one scree	n, describe on next page				
Form: OLWR-SWR-1A (04/08)							

State Well Report

REGEIVED AUG 1 6 2010

BY:OLWA

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

	Description of Formations Encountered	From (depth) Ground Level	To (depth)
l	clue,		2.
	E luy'	0	20
1	chey,	20	80
	Cludy	80	260
	Sand	260	250
1	couse Sand	250	307
1			······································
more than one screen, show location of each on ske	tch		
		-well.	
		& Luall	
	Houde > [D Lewell	
2 1		Demall'	
1		De mall	
1	House >> [E wall	
Au Au	House >> [Diemall'	
Humane: Paty Mypr.	House > [WR-1A
The same: Party Myer. that the well/borebole was drilled, constructed, as	Houde' > [Form: OLWR-S	.
that the well/borebole was drilled, constructed, and pi Department of Environmental Quality and the	ad completed in accordance with all applicable re Mississippi Department of Health regulations, in	Form: OLWR-S	.
that the well/borebole was drilled, constructed, and pi Department of Environmental Quality and the	Houde' > [Form: OLWR-S	.
that the well/borehole was drilled, constructed, arpi Department of Environmental Quality and the	ad completed in accordance with all applicable re Mississippi Department of Health regulations, in	Form: OLWR-Sequirements of the fapplicable, and s	.
ner Name: Paty Myer. that the well/borehole was drilled, constructed, ar pi Department of Environmental Quality and the Figure 1 024 D.	nd completed in accordance with all applicable re Mississippi Department of Health regulations, is	Form: OLWR-Sequirements of the fapplicable, and sequirements of the fapplicable fapplicabl	.

The sketch below only required for water wells

	STATE W	ELL REPORT			
County: P.C.	7	Part 2			
Permit #:	Pump Installer's Completion Report		For Office Use Only:		
	Micaionium D		Aquifer / / / 27		
Driller Fiftyprala Will Serce	Office of Land and Water Resources		Aquifer: G/78		
Date completed: 7-30-10	P.O. Box 10631 Jackson, MS 39289-0631		W-11 46		
	(601)961-5210		Well #:		
Copy information from block on Part 1		54-6938 (fax)	Elevation:		
This part of the report must be completed in report must be attached and both parts file Well Owner Informati	by a licensed water well	contractor or a licensed pump in	istaller. A copy of Part 1 of the		
Well Owner Informati		ine above agaress within 30 da	ys of well completion.		
		Well Location			
Owner Name: Patsy Myer, Mailing Address: Huy 51		Latitude: 3105 33.8 Longitude: 90 28 55.6			
Mailing Address: Thuy SI		Method of Lat/Long (check one): Conventional Survey,			
City State Zip Code		USGS quad, Hand-held GPS, Survey-grade GPS			
		¼¼ Sec	T R		
	<u>.</u>	Distance Direction	Nearest Town		
Telephone No. ()_		Milesof			
Pump Type Circle one		Powe	er Type		
			ele one		
	Businersible	Diesel Engine Gasoline	Engine Natural Gas		
	Turbine	Executic Motor Hand	Tractor PTO		
i	Flowing Well		ecify):		
Other (specify):		Horse Power Rating of Motor:	1/2		
Date Pump Installed: 2-30-10		Setting Depth: 50	· -		
Rated Pump Capacity: 12 Ga	allons Per Minute	Number of Stages: 8			
D. T. D.					
Pump Test Data Date Well Tested:		Method of Measu Circle	ring Water Level cone		
Static Water Level (A):Feet Below Land Surface		Air Line Electric Measuri	ng Line Steel Tap		
		Other (specify):			
Drawdown [(B) - (A)]:Feet Below Land Surface		For flowing well, measured shut is	n head: feet		
Test Primping Data:		Well yieldedGI			
Duration of Pump Test (minimum 4 hours):	hours	feet after			
HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
BIAS FIZMAN O	3 9.	Bal Statel			
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer					
Spanne of rump instance					

Form: OLWR SWF 18 AUG 1 & 2010

BY: OLWB