	State W	ell Report 👘	
county: Pike	Part 1 - D	riller's Log	For Office Use Only:
		t of Environmental Quality	Aquifer: 0183
Permit #:		d Water Resources	Weil #:
Driller: Fitzpeiald Well Serep	P.O. t Jackson	3ox 2309 , MS 39225	
Date drilling completed: 8-9-11	(601)9	61- 5210	L. S. Elevation:
Date driming completed.	(601)961	- 5228 (fax)	E-log #:
State Law requires that this report	t be prepared by the lice	nse holder responsible for t	he work and filed with the
Department at the above address	within 30 days of comp	letion of drilling of the well	or borehole.
Information on Well O			rehole Location
(Landowner if borehole is not for		Latitude 31 . 3 . 58.7	"Longitude: 50° 28 . 32.4"
Owner Name Share Bur Kilor	Y	59	27
Mailing Address: Scutt Full	R	Method of Lat/Long (circle on	e): Conventional Survey,
Mailing Address: <u>CUTT Put</u>	<u></u>	USGS quad, Hand-held	GPS, Survey-grade GPS
Che la a	<u>.</u>	<u>GL 1/2 W 1/2 Sec 11</u>	
<u>Chatang</u> <u>A</u> City State	e Zip Code	Distance Direction	
Telephone No. ()		Miles	of
	Well / Bore	hala Data	
6.0.4			011
Date drilling started: $\frac{8-9-11}{2}$ Date drilling	lling completed: 8-9-11	Hole depth:	Hole diameter:
Location of the source of any surface water			
Method of dosing and volume of Chlorine		opment:	
$\frown$			
Logs run (circle all applicable). No log run Name of organization running log(s):			Other:
Purpose of borehole (check one): Water We	ell Geotechnical/Geolo	ogical Investigation Ground	Source Heat Pump
Seismic S	urvey Other (describe)		
If drilling is not related	to water well construction	n, skip the remainder of this blo	ock
Purpose of Well (check one): Home	-		
• • • · · ·		· •	
If a flowing well, method of flow regulation	n: Valve O	ther (describe)	-
Static Water Level:feet ab	ove or below (circle one) l	and surface Date measured:_	8-9-11
Method of Measurement (circle one)	electric tape	air line other:	
Well depth: 168 Well grouted to a dep	pth of <u>10</u> feet Type	of grout (circle one): Neat Cem	Bentonite Mix
Casing length: 158 feet Casin	ng diameter: <u> </u>	inches Type of casing:	Pie
Screen length:feet Scree	en diameter: / //	inches Type of screen:	ρις
Screen slot size:		158 feet to 16	effeet
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet If to	escoped or more than one scre	en. describe on next page
Top of the pipe of reduction in casing.		WEARAN AN INAL A HEAD AND AND AND AND	
NECCONCERNED	······································		Form: OLWR-SWR-1A (04/08

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## The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level.

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay,	0	20
Siduel	10	40
clork.	40	120
Saudi	120	150
Course Sand	150	168
		_
		_

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; C-shop O L-vell 4) a north arrow. Scott Fur Ad Huy 51 Landowner Name: Share Buntslon. 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

laws 8-9-11 Formald ngd Date

Print Name of Responsible Licensee and License No.

Signature of Licensee

SEP 0 7 2011 BY: OLNR

County: <u>Pike</u> Pump Installer's	LL REPORT For Office Use Only:   art 2 Completion Report   t of Environmental Quality Aquifer:	
Driller: <u>F1+Zcorald Well</u> Serce, Date completed: <u>8-9-11</u> (601)	and Water Resources Well #:   Box 2309 Elevation:   961-5210 1-5228 (fax)	
This part of the report must be completed by a licensed water well or report must be attached and both parts filed with the Department a	t the above dataress within 30 days of weat completion	
Well Owner Information	Well Location Latitude: 31° 3 58.7 <sup>11</sup> Longitude: 90° 28 52.4	4
Dwner Name: Shane Bunkston.		
Mailing Address: Scott Full Rd	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-heid GPS, Survey-grade GPS	
Charlung MS, City State Zip Code	<u>4 sec_11T_INR7E</u>	
	Distance Direction Nearest Town Miles of	
Telephone No. ()		
Ритр Туре	Power Type Circle one	
Circle one Air Lift Jet Submersibly	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed: 8-9-11	Setting Depth:feet	
Rated Pump Capacity:Gallons Per Minute	Number of Stages:	
		]
Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested:	Air Line Electric Measuring Line Steel Tape	
Static Water Level (A):Feet Below Land Surface	Other (specify):	
Pumping Water Level (B):Feet Below Land Surface	For flowing well, measured shut in head:feet	
Drawdown [(B) - (A)]:Feet Below Land Surface	Well yielded GPM with a drawdown of	
Test Pumping Rate:Gallons Per Minute	Well yieldedfeet afterhours of pumping	
Duration of Pump Test (minimum 4 hours):hours		
This is for (circle one): New Well Replacement of E	Existing Pump Repair of Existing Pump	
I HEREBY CERTIFY that the above statements are true to the best	t of my knowledge.	
Big July and a 029.	Signature of Pump Installer Form: OLWR-SWR-1C (0	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	7-09

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SEP 0 7 2011 BV: 00000