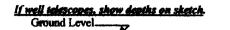
	State Well Report	
County: Pike	Part 1 - Driller's Log	For Office Use Only:
Permit #:]	Mississippi Department of Environmental Quality	Aquifer:
Driller: Frzgenald Well Service	Office of Land and Water Resources P.O. Box 10631	Well #: K-11
	P.O. Box 10631 Jackson, MS 39289-0631	
Date drilling completed: 2-23-06.	(601)961-5210	L. S. Elevation:
	(601)354-6938 (fax)	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 w	within 30 days of completion of drilling of the well	ure worn unu jueu wun ine or borehole.
Information on Well Oy	vner Well or Be	orchole Location
(Landowner if borehole is not for		_" Longitude:""
Dwner Name Junes Honey.		_
Mailing Address: Honea Lave.	Method of Lat/Long (circle or	ne): Conventional Survey,
		GPS, Survey-grade GPS
	2	Twn/N Rng 75
City State		Rng_/5
City State	Zip Code Distance Direction	Nearest Town of <u>Mash alik</u> ,
Telephone No. ()	MilesM	or mash olit.
2.27	Well / Borehole Data	
Date drilling started: 2-13-06, Date drilli	ing completed: 2-23-06 Hole depth: 205-	Hole diameter: 811
Location of the source of any surface water		
Method of dosing and volume of Chlorine u	used in drilling and development:	
Name of organization running log(s):	Electric Gamma Ray Density Sonic Neutron	
rurpose of borehole (check one): Water Well	Geotechnical/Geological Investigation Ground	Source Heat Pump
Seismic Su	rveyOther (describe)	
If drilling is not related to	water well construction, skip the remainder of this blo	
Purpose of Well (check one): Home \underline{V} Indu	ustrial Public Supply Irrigation Fish Culture _	Other
	Valve Other (describe)	
static Water Level:feet abov	e or below (circle one) land surface Date measured:	2-29-06.
Method of Measurement (circle one)	tape electric tape air line other:	
	a of <u>10</u> feet Type of grout (circle one): Keat Cem	
well grouted to a depth	n or <u>10</u> teet Type of grout (circle one): Keat Cem	ent Bentonite Mix
Casing length: <u>145</u> feet Casing	diameter: <u>4 "</u> inches Type of casing:	Ac
creen length: 10 feet Screen	diameter:inches Type of screen:	Pre
	Setting depth: Fromfeet to	
ype of completion (circle all applicable):	Travel packed Underreamed Telescoped Open	hole Natural Development
	Other (describe):	
op of lap pipe or reduction in casing:	feet. If telescoped or more than one scree	n. describe on next page
		Form: OLWR-SWR-1A
		RECEIV
		MAR 2 3 2
		MAN 2 5 4

• <u>1</u>

MAR 2 3 2006 BY: OLWR

The sketch below only required for water wells

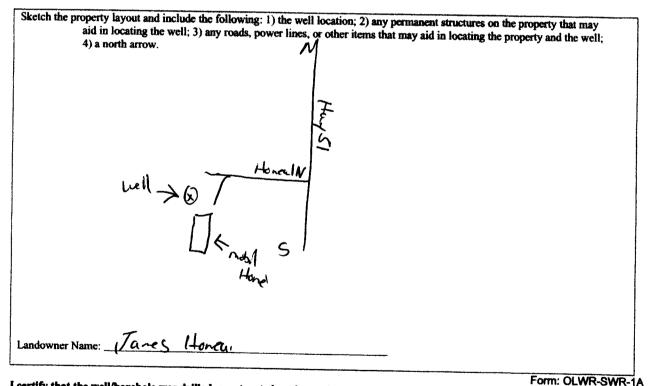


Description of formations encountered must be provided for all wells and borcholes, unless specifically exempted by regulations

K-111

Description of Formations Encountered		To (depth)
	Ground Level	
Cluy,	0	20
<u>crhier</u>	20	60
Sundi	60	80
<u> </u>	80	100
Clupt	100	140
Fre schil. Cusesund	140	180
Cusesund	180	205-
·		
		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

Date

laws. Brad Fitzgerald

2-23-06

Print Name of Responsible Licensee and License No.

024

Signature & Licensee

MAR 2 3 2006 BY: OLWI

STATE WELL REPORT			
County: <u>Pike</u> Permit #: Driller: <u>Elegended</u> <u>Well Sence</u> Date completed: <u>2-3-06</u> <u>Copy information from block on Part 1</u> This part of the report must be completed by a license report must be attached and both parts filed with the 1 Well Owner Information Owner Name: <u>Janes Honcy</u> . Mailing Address: <u>Honcy</u> . <u>Mailing Address</u> : <u>Honcy</u> .	Part 2 np Installer's Completion Report pi Department of Environmental Quality fice of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) d water well contractor or a licensed pump installer. A copy of Part 1 of the Department at the above address within 30 days of well completion. Well Location Latitude: Longitude: Method of Lat/Long (check one): Conventional Survey_, USGS quad, Hand-held GPS, Survey-grade GPS 14 14		
City State Zip (Telephone No. ()	Distance Direction Nearest Town		
Pump Type Circle one Air Lift Jet Bucket Piston Turbine Centrifugal Rotary Flowing W Other (specify): Date Pump Installed: 2-23-06 Rated Pump Capacity: /2 Gallons Per	Electric Motor Hand Tractor PTO Vell Windmill Other (specify): Horse Power Rating of Motor: Val Setting Depth: ///0´feet		
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Surface Other (specify): Surface For flowing well, measured shut in head: feet Minute		
I HEREBY CERTIFY that the above statements are true ろハーン デオフィル 1 024, Print Name of Pump Installer and License No. (if applica	Budtand		

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MAR 2 3 2006

BY: OLWR