·····	State Well Report	
County: Pile	Part 1 – Driller's Log	For Office Use Only:
	Part 1 – Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer: 4 172
Permit #:	Office of Land and Water Resources	
Driller: Fitzpreld Well Som	P.O. Box 2309	Well #:
Date drilling completed: 7-5-11.	Jackson, MS 39225 (601)961- 5210	L. S. Elevation:
Date drilling completed: _/~J = 11.	(601)961- 5228 (fax)	
		E-log #:
State Law requires that this repo	ort be prepared by the license holder responsible for some state of the way of completion of drilling of the w	or the work and filed with the
Information on Well		Borehole Location
(Landowner if borehole is not		
Owner Name Leo Hebert		8" Longitude: 90 . 28 12
		e one): Conventional Survey,
Mailing Address: 1444 51		oney. Conventional Survey,
/	USGS quad, Hand-h	eld GPS, Survey-grade GPS
	Swy SS, v = 2	6 TWN /N Rng DE
Osyka my City St	Si 74 00 74 Sec 04	
City St	tate Zip Code Distance Direction	n Nearest Town
Telephone No. ()		of
reiephone No. ()		
	Well / Borehole Data	
Location of the source of any surface was Method of dosing and volume of Chlori	drilling completed: 2-5-11 Hole depth: 207 ^ ater used for drilling: ine used in drilling and development:	
Location of the source of any surface was Method of dosing and volume of Chlori Logs run (circle all applicable): No log r	ter used for drilling: ine used in drilling and development: un Electric Gamma Ray Density Sonic Neutron	
Location of the source of any surface was Method of dosing and volume of Chlori Logs run (circle all applicable): No log r Name of organization running log(s):	ter used for drilling: ine used in drilling and development: un Electric Gamma Ray Density Sonic Neutron	Other:
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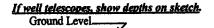
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Form: OLWR-SWR-1A (04/08)

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BY: 0100

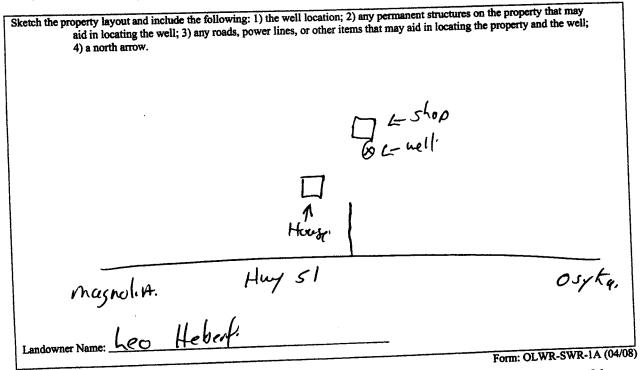
The sketch below only required for water wells



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
cluy.	\cup	20
stand.	20	40
Sand.	40	60
Clark	60	160
Fine sand.	160	180
loude lond	180	207
	<u> </u>	+
	+	
	+	
	+	_
	+	

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

3-13-11 law trovald 044 Fr RIAd Date

Print Name of Responsible Licensee and License No.

Signature of Licensee

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UL 2 2 **2011** BY: OLMB

K172

Air Lift Jet Submersible Dieser Engine Gasonic Engine Bucket Piston Turbine Bectric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):	1 #:	A General Andread Andr	on: A copy of Part 1 of the <u>ll completion.</u> $de: \underline{90^{\circ}29^{\circ}12,1^{\prime\prime}}$ ventional Survey , Survey-grade GPS T_ $\underline{1N}$ _R_ \underline{DE}
Permit #:	1 #:	A General Andread Andr	on: A copy of Part 1 of the <u>ll completion.</u> $de: \underline{90^{\circ}29^{\circ}12,1^{\prime\prime}}$ ventional Survey , Survey-grade GPS T_ $\underline{1N}$ _R_ \underline{DE}
Driller: I graded well for a completed:	ration: r. A co well cou tion gitude: onventi , Sur , Sur , Near	Well Eleve Eleve Eleve Eleve Eleve Eleve Well Locat O 1 / 1.8 // Longi /Long (check one): Co , Hand-held GPS // Sec2 (Direction	on: A copy of Part 1 of the All completion. Mathematical descent of the descent of $2\beta^{-1} \beta_{-1} \beta_{$
Date completed:	r. A co well con tition itude:	<i>icensed pump installer</i> <u>ess within 30 days of w</u> Well Locat <i>Vell Locat</i> <i>Long (check one): Co</i> , Hand-held GPS_ <i>Vell Locat</i> <i>Vell Locat</i> <i>Direction</i>	A copy of Part 1 of the <u>Il completion.</u> M M M M M M M M
(601)961-5210 (601)961-5228 (fax) (601)961-5228 (fax) Well consisted with the Department at the above address within 30 days of vell completion. Well Constance or a licensed pamp installer. A copy of Part 1 of the report must be completed by a licensed water well contractor or a licensed pamp installer. A copy of Part 1 of the report must be completed with the Department at the above address within 30 days of vell completion. Well Constance or a licensed pamp installer. A copy of Part 1 of the report must be completed by a licensed water well contractor or a licensed pamp installer. A copy of Part 1 of the report must be completed with the Department at the above address within 30 days of vell completion. Well Control on the completion Well Control on the days address. Output the da	r. A co well con tition itude:	<i>icensed pump installer</i> <u>ess within 30 days of w</u> Well Locat <i>Vell Locat</i> <i>Long (check one): Co</i> , Hand-held GPS_ <i>Vell Locat</i> <i>Vell Locat</i> <i>Direction</i>	A copy of Part 1 of the <u>Il completion.</u> M M M M M M M M
Caption must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be deth parts field with the Department at the above address within 30 days of well completion. Well Owner Information Well Owner Information Well Owner Information Well Owner Information Well Contraction or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts field with the Department at the above address within 30 days of well completion. Well Owner Information Well Owner Information Well Control Helperf Latitude: 310 1/18 '' Longitude: 90° 28° 12). Method of Lat/Long (check one): Conventional Survey Latitude: 310 1/18 '' Longitude: 90° 28° 12). Method of Lat/Long (check one): Conventional Survey Latitude: 310 1/18 '' Longitude: 90° 28° 12). OS / / C4 MS City State Zip Code Distance Direction Nearest Town Direction Nearest Town Direction Nearest Town Direction Nearest Town Direction Circle one Air Li	ition ition itiude:	<u>ess winnin 30 adys of 7</u> Well Locat Long (check one): Cc 	$\frac{1}{1000} \frac{1}{29} \frac{1}{12} \frac{1}{12} \frac{1}{1000} \frac{1}{1000} \frac{1}{1000} \frac{1}{1000} \frac{1}{1000} \frac{1}{10000} \frac{1}{10000000000000000000000000000000000$
report must be attached and both parts filed with the Department at the above address with the Department at the above address with the Decation Well Owner Information Date Multiple Information Date Pump Type Circle one Distance Direction Nearest Town Pump Type Circle one Distance Direction Nearest Town Method of Lat/Long (check one): Conventional Survey-grade GPS Multiple One Distance Direction Nearest Town Multiple Owner Type Circle one Sitat	ition ition itiude:	<u>ess winnin 30 adys of 7</u> Well Locat Long (check one): Cc 	$\frac{1}{1000} \frac{1}{29} \frac{1}{12} \frac{1}{12} \frac{1}{1000} \frac{1}{1000} \frac{1}{1000} \frac{1}{1000} \frac{1}{1000} \frac{1}{10000} \frac{1}{10000000000000000000000000000000000$
Well Owner Information Dwner Name: Leo $Heberf$ Aailing Address: OS / fca MS $Mailing Address: OS / fca MS Mailing Address: OS / fca MS Mailing Address: OS / fca MS Mailing Address: OS / fca MS MS OS / fca MS MS OS / fca MS OS / fca MS Ms Ms Sec_{OS} / fca Ms Ms Ms Ms Ms $	itude:	Weil Local - 1 ' 1.8 '' Longi /Long (check one): Co , Hand-held GPS '4 Sec_2 (Direction	where $\frac{f0^{\circ}2g^{-}12}{12}$ " ventional Survey, survey-grade GPS TN RE
Hailing Address: O S $/IGA$ MS	onventi , Sur T Nea:	/Long (check one): Co , Hand-held GPS /4 Sec& Direction	ventional Survey, , Survey-grade GPS T/ RE
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City State Zip Code Telephone No. ()	Nea	Direction	
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Telephone No. ()		Direction s of	
Pump Type Circle one Power Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):			
Participal Properiod Circle one Circle one Circle one Diesel Engine Circle one Gasoline Engine Natural Gas Bucket Piston Turbine Bectric Mestor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):			
Air Lift Jet Curcle one Natural Gas Bucket Piston Turbine Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Meetric Meetor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):			
Bucket Piston Turbine Bectric Mostor Hand Tractor PTO Bucket Piston Turbine Windmill Other (specify):			
Centrifugal Rotary Flowing went Interference Other (specify):		r Hand	Tractor PTO
Other (specify):	fy):	Other (specif	
Date Pump Installed:	1/ <u>2</u> ,	Rating of Motor:	l <u>2</u> ,
Pump Capacity: 25 Gallons Per Minute Number of Stages:		60	feet
Pump Test Data Method of Measuring Water Level Date Well Tested:			
Date Well Tested:			
Date Well Tested:	ing Wa	Method of Measuri	Water Level
Static Water Level (A):Feet Below Land Surface Other (specify): Pumping Water Level (B):Feet Below Land Surface Other (specify): Drawdown [(B) - (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet			
Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) - (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet			
Drawdown [(B) – (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet			
	head:	well, measured shut in	ead:feet
Test Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of	PM wit	GP	l with a drawdown of
less 1 unping rate hours of numping			
Duration of Pump Test (minimum 4 hours):hoursfeet afterhours			
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump	ng Pum	Repair of Existin	Pump
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		igç.	
Ditter and D24 Richter		Hrd	
DIRE (THREE) Signature of Pump Installer		mature of Pump Instal	OLAR SMP 40 407.0
Form: OLWR-SWR-1C	ller		orm: OLWR-SWR-1C (97-9

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JUL 2 2 **2011** BY: OLWF