·····	<b>State Well Report</b>	
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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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: Electric Gamma Ray Density Sonic Neutron	Other: und Source Heat Pump
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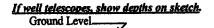
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Form: OLWR-SWR-1A (04/08)

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BY: 0100

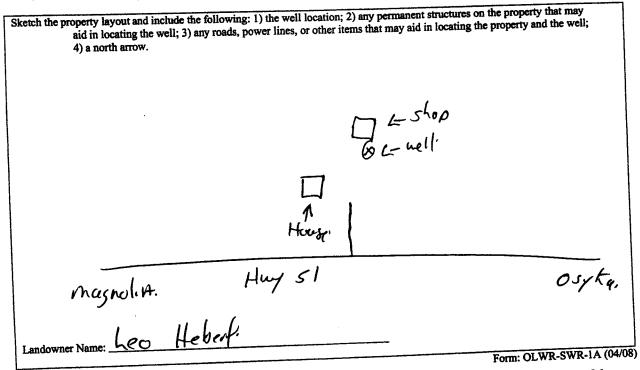
## The sketch below only required for water wells



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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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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	T	¼ Sec_26	<u>T_IN_R_DE</u>
City       State       Zip Code         Telephone No. ()	Nea	Direction	
City       State       Zip Code         Telephone No. ()	Nea	Direction	
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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