A .	State Well Report	
County: Pike	Part 1 - Driller's Log	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer: <u>L 240</u>
Driller: Fitzgeneld Well Serve	P.O. Box 2309	Well #:
7 17-12	Jackson, MS 39225 (601)961- 5210	L. S. Elevation:
Date drilling completed: 3-22-13	(601)961- 5228 (fax)	1
State I am pequipes that this penal	 u be mengred by the license holder removelle for	E-log #:
Department at the above address	t be prepared by the license holder responsible for within 30 days of completion of drilling of the wel	ine work ana juea with the l or borehole.
Information on Well (Owner Well or B	orehole Location
(Landowner if borehole is not fi	Latitude: 310. 4 39	1 Longitude: 40° 21, 50.44
Owner Name Shirley Howison	Method of Lat/Long (circle o	50
Mailing Address: Errerald LN.	Method of Lat/Long (circle o	ne): Conventional Survey,
	USGS quad, Hand-held	i GPS, Survey-grade GPS
	1 1/4 52 1/4 Sec 2	
flogres MS · Cit√ Sta	INE	
City Star	te Zip Code Distance DirectionMiles	Nearest Town of
Telephone No. ()		
	Well / Borchole Data	
Date drilling started: 3-12-13 Date dr	illing completed: 3-22-13 Hole depth: 90-	Hole diameter 84
	e used in drilling and development:	
Logs run (circle all applicable): No tag run Name of organization running log(s):	n Electric Gamma Ray Density Sonic Neutron	Other:
Purpose of borehole (check one): Water W	ellGeotechnical/Geological Investigation Ground	d Source Heat Pump
	SurveyOther (describe)	
	to water well construction, skip the remainder of this b	lock
Purpose of Well (check one): Home	ndustrial Public Supply Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation	n: Valve Other (describe)	
	ove or below (circle one) land surface Date measured:	
_	ove of below (circle one) and surface Date measured;	J N
• • • • • • • • • • • • • • • • • • • •	eel tare electric tape air line other:	
Well depth: 60 Well grouted to a de		nent Bentonite Mix
	ng diameter:inches Type of casing:	Oic
Screen length: 10 feet Screen		
Screen slot size: O10 inches	Setting depth: From 80 feet to 9	0'fcet
Type of completion (circle all applicable):	Gravel packed Underreamed Telescoped Open	hole Natural Development
	Other (describe):	······································
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one scre	en. describe on next page
		Form: OLWR-SWB-14 (04/08)

State Well Report Part 1 – Driller's Log

APR 3 0 2013

The sketc	h helow	only requir	ed for	water wells
THE SHEET	IL DELVIV	DIREY I CHASES	SW 101 1	AMTEL MENTS

<u>If well telescopes, show depths on</u>	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	
Cly',	0	20
Chille	20	40
Sand	40	60
((w /	60	10
Sund	70	80
curte sand	80	90

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 of aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the 4) a north arrow.	n the property that may he property and the well;
CAMP (T)	
Enelly E	
Dudley Kimes	
Magnelia Projess RJ	
Landowner Name: Shirty Hulizon	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.	
Dial	Februal
BIHC	Y 17 event

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

APR 3 0 2013

BY: OLWR

	STATE WEL	L REPORT	Par Office Color	
County: Pike	Par	_	For Office Use Only:	
P	Pump Installer's C	ompletion Report	Aquifer:	
Driller: Flagerald Well Serce	Mississippi Department o Office of Land and		Well #:	
Driller: Ptzgrald Well ferce	P.O. Bo			
Date completed: 3-22-13	Jackson, M		Elevation:	
Copy information from block on Part I	(601)96 (601)961-5			
			t . D . d CD d . Cdb.	
This part of the report must be completed report must be attached and both parts file	by a licensed water well con ed with the Denartment at th	tractor or a licensed pump to above address within 30	installer. A copy of Part 1 of the days of well completion.	
Well Owner Informat	ion	W	ell Location	
Owner Name: Shirley Hauriton	<u>, </u>	Latitude: 310 4′ 39.1	"Longitude: 90° 21′ 50,4"	
Owner Name: Shirley Hourson Mailing Address: Errerald LN.	h	Method of Lat/Long (check	one): Conventional Survey,	
		USGS quad, Hand-hel	d GPS, Survey-grade GPS	
Progress MS. City State		•	2 T/N R8E	
City State	Zip Code	Distance Dissetion	Nearest Town	
Telephone No. ()		MilesMiles	Nearest Town of	
1 ordpitons 110.				
T T		P	ower Type	
Pump Type Circle one			Circle one	
Air Lift Jet	Submersible	Diesel Engine Gaso	line Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	i Tractor PTO	
Centrifugal Rotary	Flowing Well		r (specify):	
Other (specify):	2 2 2 4 4 5 1 5 1	Horse Power Rating of Mot	or: 1/2-	
Date Pump Installed: 3-22-13		Setting Depth: 80'	feet	
		_		
Rated Pump Capacity:	_Gallons Per Minute	Number of Stages: 8		
Pump Test Data		Method of R	Measuring Water Level	
Date Well Tested:		Air Line Electric M	Circle one leasuring Line Steel Tape	
Static Water Level (A):Fee	t Below Land Surface	All Dillo		
		Other (specify):		
Pumping Water Level (B):Feet	Below Land Surface		- 1 - 1	
Drawdown [(B) - (A)]:Fee	t Below Land Surface	For flowing well, measured	shut in head:feet	
Test Pumping Rate:			GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): hours	feet afte	rhours of pumping	
Duration of Lamb Less (unumum 4 nous	,			
This is for (circle one):	Replacement of Exis	ting Pump Repair of	f Existing Pump	
,				
		,		
I HEREBY CERTIFY that the above state	ements are true to the best of	my knowledge		
Brod Azemld	OFG-	Refle	RECF	IV
Print Name of Pump Installer and License		Signature of Pum	Form: OLWR-SWR-1C (07-09)	5
		,	APR 3 (2