County: <u>like</u> Permit #: Driller: <u>Fitzgerald Well Jerre</u> Date drilling completed: <u>4-3-14</u>	Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax)	For Office Use Only: Well #: <u>245</u> Aquifer: E-Log #:	
State Law requires that this report Department at the above address w	be prepared by the license holder responsible for the well of the	he work and filed with the or borehole.	
Well Owner Informat (Landowner if borehole is not for		Well or Borehole Location Latitude: $31^{\circ}0^{\prime}7.7^{\prime\prime}$ Longitude: $90^{\circ}2.9^{\prime}6.2^{\prime\prime}$	
Owner Name: <u>Casey Grahm</u> . Mailing Address: Stufe Imp	R 1 Method of Lat/Long (check one	e): Conventional Survey,	
Mailing Address:		USGS quad, Hand-held GPS, Survey-grade GPS	
	•	33 T IN REE	
Osyka Ms City State	71- C-do		
Telephone No. ()	(Distance) (Discotion)	f(Nearest Town)	
Purpose of borehole (circle one): Wate	r Well> Geotechnical/Geological Investigation	Ground Source Heat Pump	
If drilling is not rea	lated to water well construction, skip the remainder	r of this block	
Purpose of Well (circle all applicable):	Home Industrial Public Supply Irrigation	Fish Culture	
Other (describe):	<u> </u>	•	
-	lation: Valve Other (<i>describe</i>)		
Static Water Level: <u>42</u> fee	t [above or below] land surface Date measured (circle one)	d: <u>4-3-14</u>	
Method of measurement (circle one): (Steel tape> Electric tape Air line Other (describe)		
• • •	a depth of: 10^{\prime} feet Type of grout (circle one):		
Casing length: <u>122</u> feet C	asing diameter: $\underline{\mathcal{Y}'}$ inches Type of d	casing: <u>Pvc</u>	
Screen length: <u>10</u> feet	Screen diameter: <u>4"</u> inches Type of	screen: <u>Pvc</u>	
Screen slot size: <u>.0/0</u> inches	Setting depth: From 122^{-1} feet to	_/32 _ BER	
Type of completion (circle all applicable	le): Bravel packed Underreamed Open hole		
Top of lap pipe or reduction in casing:	feet	1	
• • • • •	oped or more than one screen, describe on next pa	ее 8е	

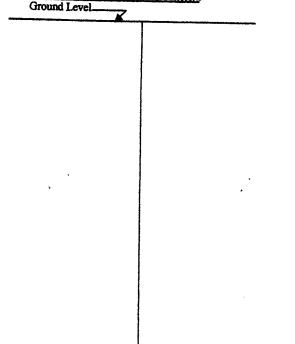
. .

Form: OI WR-SWR-1A (4/13)

L245

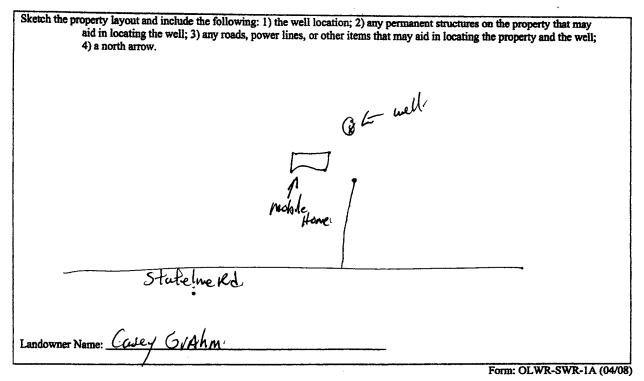
The sketch below only required for water wells





Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations				
Description of Formations Encountered	From (depth)			
	Ground Level	1		
Cluyi	6	20		
Sand	20	40		
slare	40	60		
Churg	80	120		
(unge Sent)	120	132		
· · · · · · · · · · · · · · · · · · ·				
	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

4-3-14.

laws. Fitzirald 6/Ad

Print Name of Responsible Licensee and License No. Date

024

Signature of Licensee

	STATE WELL RE	PORT		
County: Pite	Part 2	Γ	For Office Use Only:	
Permit #:	Pump Installer's Comp	letion Report	•	
Driller: Fitzhald Well fire	Mississippi Department of Environmental Quality Office of Land and Water Resources		Well #:24 5	
	P.O. Box 230			
Date completed: <u>1-3-79</u>	Jackson, MS 39225-2309		Aquifer:	
<u>Copy information from block on Part 1</u>	(601)961-521			
	(601) 360-0535 (-		
This part of the report must be complete of the report must be attached and both	ed by a licensed water well contra-	ctor or a licensed pum t the above address wi	p installer. A copy of Part 1 ithin 30 days of well completion	
Well Owner informat		Well Lo	ocation	
Owner Name: (Usey SIAh M	Latitude:	Latitude: 31 0 0 7.7" Longitude: 40° 24 62"		
Mailing Address:			: Conventional Survey,	
			S, Survey-grade GPS	
Osyka ms City State	<u> </u>	<u>Sie 14 SE 14, Sec IN T EE R</u>		
City / State	Zip Code	Miles of (Distance) (Direction) (Nearest Town)		
Telephone No. ()	(Distance)	(Distance) (Direction) (Nearest Town)		
	Pump Type (circle o	ne)		
Submersible Turbine Air Lift Centri	fugal Flowing Well Jet Pistor	Rotary Other (des	cribe):	
Date Pump Installed: <u>4-3-14</u>				
•				
is This Pump (circle one): New Re	Power Type (circle of			
		-		
Electric Diesel Gasoline Natural Gas				
Horse Power Rating of Motor:	Setting Depth:0	feet Number	of Stages: <u>12</u>	
	Pump Test Data for Non Flo	owing Well		
Date Well Tested:	Duration of	of Pump Test (minime	um 4 hours): hours	
Static Water Level (A): Fee	t Below Land Surface Pumpin	g Water Level (B):	Feet Below Land Surface	
Drawdown [(B) - (A)]:				
Method of measurement (circle one): S	teel tape Electric tape Air line Pump Test Data for Flow			
	•	ing wen		
Measured shut in head:fee				
Well yieldedGPM with a	drawdown of feet	after	hours of pumping	
	Meter Installation	 I		
Meter Manufacturer:	Mete	er Serial Number:		
Meter Model Number/Name:	Tvn	e of Meter:		
Totalizer Register Unit and Multiplier F			FYF ***********************************	
Installation Date:		••••••••••••••••••••••••••••••••••••••	and here is a set of the set of t	
Is This Meter (circle one): New Re			MAY 1972	
, .	nformation you are certifying that	i this motor was instal	iea to manufacturer standards.	
Important: By submitting the above in	iral wells, a list of approved meter	rs is on the MDEQ we		
Important: By submitting the above in		rs is on the MDEQ we	bsite.	
Important: By submitting the above in For agriculti	ments are true to the best of m	rs is on the MDEQ we		

Form: OLWR-SWR-1B (4/13)