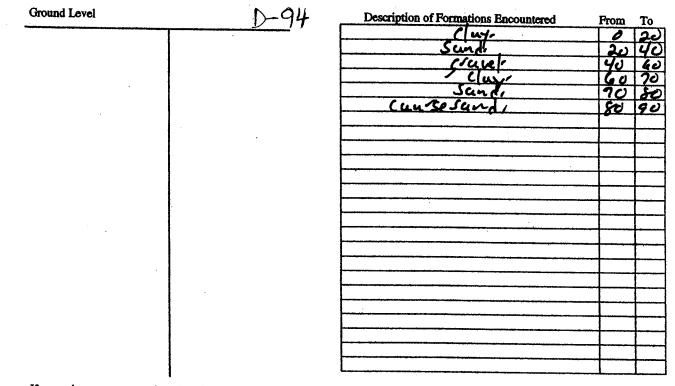
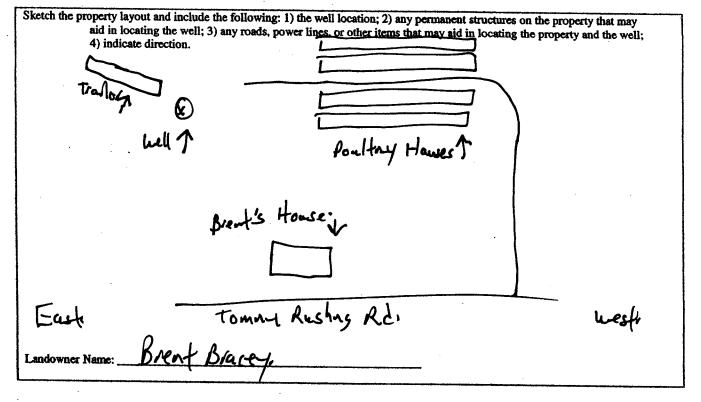
• .		147			
	State Well Report				
County: Walthan	Part 1	For Office Use Only:			
Permit #:	Mississippi Department of Environmental Quality				
	Office of Land and Water Resources	Well #: D-94			
Driller: Fitzgerald hell Service	P.O. Box 10631				
Date drilling completed: 8-5-04,	Jackson, Mis 59289-0051	L. S. Elevation:			
Date drilling completed: 2.5.07/ (601)961-5210 (601)354-6938 (fax)		R han the			
	(001)55 - 0558 (Iax)	E-log #:			
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the driller in detail and filed of the well.	with the Department within			
Well Owner Inform		ell Location			
Owner Name Brent Brace					
		" Longitude:""			
Mailing Address: Tomy Rus	Method of Lat/Long (circle	one): Conventional Survey,			
۳ 	USGS quad, Hand-he	eld GPS, Survey-grade GPS			
T.I. humm		$D_{\text{Twn}} 3 \mathscr{N}_{\text{Rng}} 1 E$			
City	Di4 I4 Seci4 ate Zip Code I4 Seci4	Twn JM Rng 15			
		Nearest Town			
Telephone No. ()	Miles	of Salen,			
Well Data					
Purpose of Well (circle one) Home	lustrial Public Supply Irrigation Fish Culture	Other			
Date well drilling started: <u>85-04-</u> Date well drilling completed: <u>85-04.</u>					
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level:feet above or below (circle one) land surface Date measured:					
Hole depth: <u>90'</u> Well depth: <u>90'</u> Well grouted to a depth of <u>10'</u> feet					
Type of grout (circle one): Cement					
Casing length: feet Cas	ing diameter: inches Type of casing	Puc			
		·			
Screen length:feet Scr	een diameter: inches Type of screen	PUC			
Screen slot size: .010 _inches	Setting depth: From feet to	90 feet			
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				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
News of an and the second s					
Name of organization running log(s):	racted, and completed in accordance with all availant				
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.					
	numor me messesuppi repartment of Health regulation	ous and state laws.			
Brad F. tzsprald.	029. Bla	Storage			
Print Name of Water Well Contractor and		e of Water Well Contractor			
	Signatur	RECEIVED			
	•	AUG 2 0 2004			

BY: OLWR

If well telescopes please sketch below and show depths.



If more than one screen, show location of each on sketch



Signature of Walls Well Contractor

AUG 2 0 2004 BY: OLWR

STATE WELL REPORT								
County: Walthew	Part 2 Pump Installer's Completion Report		For Office Use Only:					
Permit #:	Mississippi Department of Environmental Quality		Aquifer:					
	Office of Land and Water Resources							
Driller: Forzera Ld, hell Swap	P.O. Box 10631 Jackson, MS 39289-0631		Woll #: <u>D-94</u>					
Date completed: 8-5-04,	(601)	961-5210						
	(601)354-6938 (fax)		Blevation:					
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.								
Well Owner Informati	on	Well	Location					
Owner Name: Blent Blacen		Latitude: Longitude:						
Owner Name: Dier Dige /		Latitude:	Longitude:					
Mailing Address: Tommy Ruching Rd,		Method of Lat/Long (circle one): Conventional Survey,						
Tylerloun MS- City State Zip Code		USGS quad, Hand-held GPS, Survey-grade GPS						
		1414 Sec[1						
		Distance Direction Nearest Town <u>2</u> Miles <u>East</u> of <u>Salem</u>						
				Pump Type Circle one			ver Type	
		Ci	rcle one					
Air Lift Jet	Submersible		e Engine Natural Gas					
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO					
Centrifugal Rotary	Flowing Well		specify):					
Other (specify):		Horse Power Rating of Motor:	<u> 12</u>					
Date Pump Installed: 8-12-04		Setting Denthy 201						
Rated Pump Capacity:Gallons Per Minute		Number of Stages:						
Pump Test Data		Mathed at M.						
-		Ci	suring Water Level cle one					
Date Well Tested:		Air Line Electric Meas	uring Line Steel Tane					
Static Water Level (A):Feet Below Land Surface		Other (specify):						
Pumping Water Level (B):Feet Below Land Surface								
Drawdown [(B) - (A)]:Feet Below Land Surface		For flowing well, measured shu	it in head:feet					
Test Pumping Rate:Gallons Per Minute		Well yielded GPM with a drawdown of						
Duration of Pump Test (minimum 4 hours):	hours	foot after	hours of pumping					
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.								
BASElocald ma R. I.t. I								
Print Name of Pump Installer and License No. (if applicable) Signature of the pump Installer								
	- Ter abbricanic)	Signature of themp ins						

z

AUG 2 0 2004

BY: OLWR