	State Well Report	D. Office His Och				
County: Walthaur	Part 1 - Driller's Log	For Office Use Only:				
Mississipp	Department of Environmental Quality	Aquifer:				
Permit #: Offi	ce of Land and Water Resources	Well #: <u>G - 63</u>				
Driller: Fitzgrald Well Server	P.O. Box 10631	İ				
Date drilling completed: 6-19-68.	Jackson, MS 39289-0631	L. S. Elevation:				
Date drilling completed: U 11 40	(601)961-5210 (601)354-6938 (fax)	E-log #:				
	(001)334-0938 (lax)	Diog #.				
State Law requires that this report be prepare Department at the above address within 30 d						
Information on Well Owner	Well or Bo	rehole Location				
(Landowner if borehole is not for a water we	(a) 10°2/32	"Longitude: <u>89° 56', 40,</u> 3,"				
Owner Name Ricky Laword	Latitude: 31 3 7 3 7	Longitude: Ur)				
Owner reality voltage and a second	Method of Lat/Long (circle one): Conventional Survey,					
Mailing Address: Toe Petman Rd	where Name Ricky Lowery  Method of Lat/Long (circle one): Conventional Survey,					
	USGS quad, Hand-held	GPS, Survey-grade GPS				
A ,	- Su 1/ No 1/ Sec 24					
Tylertoun ms		TWIS TO MIS TO SERVICE OF THE PROPERTY OF THE				
Tylertoun ms City State Zip	Code Distance Direction	Nearest Town				
Telephone No. ()	Miles	of				
receptione No. (	_					
	Well / Borehole Data					
Date drilling started: 6-49-8 Date drilling complet	16-16-00 - 150-	211				
Date drilling started: Date drilling complete	Hole depth: 150	Hole diameter. S				
Location of the source of any surface water used for drilling:  Method of dosing and volume of Chlorine used in drilling and development:						
Logg way (circle all amplicable). We log way. Electric	Common Boss - Domaitre - Samia - Novetnon	Other				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:						
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump						
Saigmin Supray Other (describe)						
Seismic Survey Other (describe)  If drilling is not related to water well construction, skip the remainder of this block						
Purpose of Well (check one): Home Industrial 1						
If a flowing well, method of flow regulation: Valve						
Static Water Level: 130 feet above or below (circle one) land surface Date measured: 6-19-08						
Static Water Level:feet above or below	(circle one) land surface Date measured:_	6-14-08				
Method of Measurement (circle one) recel tape electric tape air line other:						
Well depth: 150 Well grouted to a depth of 10 1	eet Type of grout (circle one): Veat Cem	et Bentonite Mix				
Casing length: 130 feet Casing diameter: 4" inches Type of casing: PCC						
Screen length: 30 feet Screen diameter: 4" inches Type of screen: PCC						
Screen slot size: 010/012 inches Setting depth: From 130 feet to 150 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: \_

Form: OLWR-SWR-1A

feet. If telescoped or more than one screen, describe on next page

BY: OLWR

Description of formations excountered must be provided for all untils and borokales, unless excellibility exampted by resolutions

Ground Level		Description of	of Formations Encountered		To (depth)
				Ground Level	
1			Clay.	0	20
1			Sand + sauch	20	80
		<u> </u>	Clary	80	100
			<u>Cluy</u>	100	120
			Sand	120	130
1			curse sand	130	150
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If more than one screen, si	now location of each or	n sketch			
		Potman Rd.	e mobil Hones		
	(500	reman 128.			
downer Name: Ritty	howery				
ify that the well/horehole -	rns drilled comment			Form: OLWR-	SWR-1A
sippi Department of Fact	ron un mou, comparect	en, and completed in acce	rdance with all applicable re	quirements of the	he
	- ANTHORNE ANTHRI ST	u me mususuppi Departi	nent of Health regulations, if	applicable, and	state
ed Esterald	024	\$6-19-08	Red Styall	· · · · · · · · · · · · · · · · · · ·	_
Name of Responsible Lice	nsee and License No.	Date	Signature of Licensee		RECEI
					JUL 11

The sketch below only required for water wells

## STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report** Mississippi Department of Environmental Quality Office of Land and Water Resources

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:				
quifer:				
Vell #:	6-63			
levation	ı:			

Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information 2/ Longitude \$5 Owner Name: Kel Mailing Address: Method of Lat/Long (check one): Conventional Survey\_ USGS quad\_\_\_\_, Hand-held GPS\_\_\_\_, Survey-grade GPS\_\_\_\_ 1/4 Sec \_\_\_\_T \_\_\_\_R\_ Zip Code Nearest Town Direction \_Miles \_\_\_\_\_ of \_ Telephone No. (\_ Pump Type Power Type Circle one Circle one Air Lift Jet Diesel Engine Gasoline Engine Natural Gas Electric Motor. Hand Tractor PTO Bucket Piston Turbine Other (specify): \_ Centrifugal Rotary Flowing Well Windmill Horse Power Rating of Motor: \_\_\_ Other (specify): \_ 6-14-08. Date Pump Installed: \_\_\_ Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: \_\_\_ **Electric Measuring Line** Air Line 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 shut in head: \_\_\_ Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute Well yielded \_\_\_\_ \_\_\_\_\_GPM with a drawdown of Duration of Pump Test (minimum 4 hours): \_\_\_\_ feet after \_\_\_\_\_hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge Brud Etzwald Signapare of Pump Installer Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SWR-1B

RECEIVED

JUL 11 2008

BY OLWR