County: Anate Wil Kinson
Permit #:
Driller: Fitzerald Wellfuse
Date drilling completed: 6-11-09.

## State Well Report Part 1 - Driller's Log

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)

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Department at the above address within 30 days of com	inlation of drilling of the well or handrale
THAT HIS LOOK ON THE CAMBEL	Well or Borehole Location
(Landowner if borehole is not for a water well)	I
Owner Name Adam Makey	Latitude: 31° 8 59.6 Longitude 20° 6 34.6 . 35"
	Method of Lat/Long (circle one): Conventional Survey,
Mailing Address: McKey Rd	issection of Lan Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
	· I
Centon.lle ons.	NE 1/2 SE 1/2 Sec 9 Twn 2N Rng 1E
City State Zip Code	Distance Direction Nearest Town
	Milesof
Telephone No. ()	The second secon
Well / Borr	Laboration of the Control of the Con
- L-11-16 / 1/	C.//
Date drilling started: 6-1/09 Date drilling completed: 6-1/0	Hole depth: 180 Hole diameter:
Location of the source of any surface water used for drilling:	We want to control of grant and gran
Method of dosing and volume of Chlorine used in drilling and deve	Large transport
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:
Transc of organization furning 108(8)	
Purpose of borehole (check one): Water Well L/ Geotechnical/Geole	noicel Investigation Grand Court II an
Seismic Survey_Other (describe	)
If drilling is not related to water well construction	n, skip the remainder of this block
Purpose of Well (check one): Homeindustrial Public Supply	Irrigation Fish Culture Other
If a flouring well west - 1 . C.O.	- Burney , seri Carette Carett.
If a flowing well, method of flow regulation: ValveO	ther (describe)
Static Water Level: 40 feet above or below (circle one) le	and surface Date measured: 6-11-09
Mark a car	and surface Date measured.
Method of Measurement (circle one) steel tape electric tape	air line other:
Well depth: 2 180 Well grouted to a depth of 0 feet Type	
le c	of grout (circle one); Neat Cement Bentonite Mix
Casing length: 160 feet Casing diameter: 4'	inches Type of casing Put
	inches Type of screen: Puc
Screen slot size: 1010 inches Setting depth: From	160
The state of the s	feet to /// feet
Type of completion (circle all applicable): Gravel packed Underro	eamed Telescoped Open hole Natural Development
Top of lap pipe or reduction in casing:feet. If tele	Scoped or more than one screen describe on new
	The state of the second

Form: OLWR-SWR-1A

**RECEIVED** 

JUN 2 4 2009

BY: OLWA

he sketch below only required for water wells	Description of formations encountere wells and boreholes, unless specifical	t must be provided by exempted by run	<u>for all</u> ulations
rell telescopes, show depths on sketch.	Description of Formations Encountered	From (depth)	To (depth)
Ground Level	[Astaphani of a committee Emboureron	Ground Level	1
	(hujr	0	20
	Saldi	20	70
	sive-	40	80
	Chur	80	140
į.	Sindi	140	160
	Carse sand	160	180
			<del> </del>
			<del></del>
			<del> </del>
}			
			<del></del>
			<del>                                     </del>
ļ			
	motey Rd  mobil  Hone > 1 @ L	- weV	
	ted, and completed in accordance with all applical	Form: OLV	of the
	nd the Mississippi Department of Health regulation  (6-11-09-Bid Health)	ons, if applicable,	and state
nt Name of Responsible Licensee and License No.	6-11-09- Bid Styll  Date Signature of Lice	REU	EIVE
		u IN	2 4 200g
		BY:	OLV

Wilkinson	STATE WI	ELL REPORT			
County: #TYVV	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631		For Office Use Only:		
Driller: Titzelly Well Surge					
Date completed: 6-11-09	Jackson, MS 39289-0631		Well #: 937		
Copy information from block on Part 1		)961-5210 i4-6938 (fax)	Elevation:		
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 Informat	ation		Well Location		
Owner Name: Adum Mkey Mailing Address: Mkey ld		Latitude: 3(08) 59.6" Longitude: 9406 34.6"			
Mailing Address: McKey Kd		Method of Lat/Long (check one): Conventional Survey,			
	The second secon	USGS quad, Hand-held	GPS, Survey-grade GPS		
Centerille ms City State	7in Code NE 1/4 SE 1/4 Sec_		1 T ZNR IE		
•		Distance Direction	Nearest Town		
Telephone No. ()_		Miles of			
Pump Type		Pay	ver Type		
Circle one			rcle one		
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well		specify);		
Other (specify):		Horse Power Rating of Motor: 1/2.			
Date Pump Installed: 6-1/-09,	and the second of the second o	Setting Depth: 140			
Rated Pump Capacity: 12	Gallons Per Minute	Number of Stages:			
Pump Test Data			suring Water Level		
Date Well Tested:			rcle one		
Static Water Level (A):Feet	Below Land Surface	Air Line Electric Meas Other (specify):			
Pumping Water Level (B):Feet E	Below Land Surface	Calor (apochy).	er had den ser en		
Drawdown [(B) - (A)]:Feet 1	own [(B) - (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet				
Test Pumping Rate:	Gallons Per Minute	Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping		
I HEREBY CERTIFY that the above statement	ents are true to the best of	f my knowledge.			
BIAN FIZ hald 024 Print Name of Pump Installer and License No.	o (if applicable)	The Ship	Ma		
A see of a sent mount of the Pircillo IA	t Name of Pump Installer and License No. (if applicable) Signature of Pump Installer  Form: OLWR-SWR				
		DECEN/ED			

BY: OLWA

JUN 2 4 2009

RECEIVED

JUN 24 2000

BY