<u> </u>	State W	ell Report				
County: Adams	Part 1 – Driller's Log		For Office Use Only:			
Permit #:	Mississippi Departmen	t of Environmental Quality	Aquifer:			
	Office of Land and Water Resources P.O. Box 2309		Well #: H- 43			
Driller: Water Well Prillius		n, MS 39225 961- 5210	L. S. Elevation:			
Date drilling completed: 9-8-06	` ,	1- 5228 (fax)	E-log #:			
State I aw requires that this repor	t he prepared by the lice	 onse holder resnonsible for t				
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.						
Information on Well Owner Well or Borehole Location						
	ŕ	Latitude: N • 31 , 28	926 "Longitude: W • 91 , 11.5,06			
Owner Name Ning Elkins		Method of Lat/Long (circle on	56 30			
Mailing Address: 12634 5141	Mailing Address: 12634 Stutgfart Ave					
			USGS quad, Hand-held GPS, Survey-grade GPS			
<i>i</i>) , n		S 1/4 E 1/4 Sec 20	_Twn_6N_Rng W			
Batan Rause Lo City Stat	e Zip Code	Distance Direction				
Talanhana No. (335) 753 - 1655	7	12_Miles	of Natdez			
Telephone No. (225) 753 - 1917						
	Well / Bore	hole Data				
Date drilling started: 9-7-06 Date drilling completed: 9-8-06 Hole depth: 44 Hole diameter: 7						
Location of the source of any surface water used for drilling: $\frac{\int_a f_a f_b l}{\int_a f_a f_b l} = \frac{\int_a f_a f_b l}{\int_a f_a f_b l}$ Method of dosing and volume of Chlorine used in drilling and development:						
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						
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 Public Supply Irrigation Fish Culture Other:						
If a flowing well, method of flow regulation: Valve Other (describe)						
Static Water Level: 10 feet above or below (circle one) land surface Date measured: 9-8-06						
Method of Measurement (circle one) steel tape (electric tape) air line other:						
Well depth: 147 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix Casing length: 124 feet Casing diameter: 1 inches Type of casing: 100 C						
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC						
Screen slot size:inches Setting depth: From 24feet to 144feet						
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 tele	sscoped or more than one scree	n, describe on next page			

Form: OLWR-SWR-1A (04/08)

The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level_ 1241 Screen 124

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)
Tooceil	Ground Level	3
Clax Sand + Clay Sand	3	73
sand & clas	7.2	94
Sand	98	144
<u> </u>		
	<u> </u>	

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

Sketch the property layout and include the followin aid in locating the well; 3) any roads, 4) a north arrow.	g: 1) the well location; 2) any per power lines, or other items that m	manent structures on the may aid in locating the pro	property that may perty and the well;
	well X		
		A /	
	House	7 //	\rightarrow
			,
Landowner Name: Ning Elkins		1	
Landowner Hame. 77 17 4 17 17 18			

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

Print Name of Resnonsible Licensee and Licensee No.

Date

Signature of Licensee

RECEIVEL

OCT 17 2008

BY: OLWF

STATE WELL REPORT

County: Alams

Part 2
Pump Installer's Completion Report

For Office Use Only:		
Aquifer:		
Well #: H- 43		
Elevation:		

Permu #.	** *	it of Environmental Quanty	Aquifer:			
Driller: Water Well Drillig		and Water Resources	1 11 113			
		Box 2309 1, MS 39225	Well #: H- 43			
Date completed: 9-8-06		961-5210				
Copy information from block on Part 1	` `	1-5228 (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 Informati			ays of well completion. I Location			
Well Owner Informati	UA .	Wei	Location (A) (A) (A)			
Owner Name: Ning Ellins		Latitude: N 31 '28.92 Congitude: W 91 '11.506'				
Mailing Address: 12634 5141	gfart Ave	Method of Lat/Long (check one): Conventional Survey,				
		USGS quad, Hand-held GPS, Survey-grade GPS				
	7000					
Batin Rouse La City State	10g lle	S 1/2 E 1/4 Sec 29 T 6N R W				
City State	Zip Code	Distance Direction Nearest Town				
10	17	ł				
Telephone No. (225) 753 - 19	1 /		f Natchez			
• •						
Pump Type Circle one		Power Type Circle one				
Circle one		Ci	rcie one			
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas			
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO			
Centrifugal Rotary	Flowing Well	Windmill Other (specify):			
Other (specify):		Horse Power Rating of Motor:				
Date Pump Installed: 9-7-06		Setting Depth: 120 feet				
Rated Pump Capacity:	Gallons Per Minute	Number of Stages: 5				
Pump Test Data		Method of Mes	suring Water Level			
•		Method of Measuring Water Level Circle one				
Date Well Tested: 9-8-06						
Static Water Level (A):			suring Line Steel Tape			
Pumping Water Level (B):Feet Below Land Surface		Other (specify):				
Drawdown [(B) – (A)]:		For flowing well, measured shut in head:feet				
Test Pumping Rate: Gallons Per Minute		Well yielded 15 GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):	10 hours	feet after	l D hours of pumping			

I HEREBY CERTIFY that the above stateme	nts are true to the best of	f my knowledge.	N/Z			
Water well Orilling	0-1-01	Day 1				
Print Name of Pump Installer and License No	(if applicable)	Signature of Rump Inc	tollor			

Form: OLWR-SWR-1B (04/08)