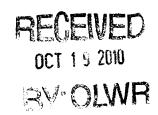
	State V	Vell Report	<u></u>	
County: Am'te	Part 1 – <b>Driller's Log</b>		For Office Use Only:	
County. prive	Mississippi Department of Environmental Quality		Aquifer: 6 43	
Permit #:	Office of Land and Water Resources		Well #:	
Driller: Extrevald Well Sever	P.O.	Box 2309 n, MS 39225	weira:	
	(601)	961- 5210	L. S. Elevation:	
Date drilling completed: 105-10		1- 5228 (fax)	E los #v	
			E-log #:	
State Law requires that this report Department at the above address				
Information on Well O			rehole Location	
(Landowner if borehole is not fo	r a water well)	310 . 127. 26	R" 91 51 803"	
Owner Name Less Graves		Latitude: 11 13	Longitude: <u>90° 5/ 803</u> ." 50	
	Method of Lat/Long (circle		ne): Conventional Survey,	
Mailing Address: Graves Rd			GPS, Survey-grade GPS	
·			$\sqrt{\frac{3N}{Rng}3E}$	
Liboty ns		100 1/2 1/4 Sec 13	Twn JN Rng JF	
Libety MS City State	e Zip Code	Distance DirectionMiles	Nearest Town	
Telephone No. ()		Miles	of	
reiepiione iso. ()				
	Well / Bore	hole Data		
Date drilling started: 6-5-10. Date dri	lling completed: 10-5-	10 Hole depth: 90	Hole diameter: 8"	
Location of the source of any surface water used for drilling:  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): HomeIndustrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 27 feet above or below (circle one) land surface Date measured: 10-5-10				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 90° Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix				
Casing length: 80 feet Casing diameter: 4" inches Type of casing: Pic				
Screen length: 10 feet Screen diameter: Y" inches Type of screen: Pvc				
Screen slot size: 1010 inches Setting depth: From 60 feet to 900 feet				
Type of completion (circle all applicable): Travel packed Underreamed Telescoped Open hole Natural Development				
	Only and discountly asset			

Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page

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



Glo3

## The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

From (depth)	10 (acpth)
Ground Level	
0	20
To	30
30	170
10	120
80	90
	<del></del>
	Ground Level

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

aid in locating the well; 3) any roads, power lines, or other items that nother arrow.	nay aid in locating the property and the well;
	Aves RJ Huys67
	S
downer Name: Less 614 wes	•

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

DIAL FLEET C. 099, 10-5-10.

Buffff

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

BY: OLIVR

## STATE WELL REPORT Part 2

County: Hm.

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

For Office Use Only:		
Aquifer:		
Well #:		
Elevation:		

P.O. Box 10631 Jackson, MS 39289-0631 Date completed: 10-5-10 (601)961-5210 (601)354-6938 (fax) 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 26.8 "Longitude: 90 ° 5 Method of Lat/Long (check one): Conventional Survey\_\_\_ Mailing Address: USGS quad\_\_\_\_\_, Hand-held GPS\_\_\_\_, Survey-grade GPS\_\_\_\_ T 31/ R 31= Zip Code Nearest Town Direction Distance Miles \_\_\_\_\_ of \_\_ Telephone No. (\_ Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible Air Lift Jet Tractor PTO Hand Electric Motor Piston Turbine Bucket Other (specify): Windmill Flowing Well Rotary Centrifugal Horse Power Rating of Motor: \_\_ Other (specify): \_ 105-10 Setting Depth: Date Pump Installed: Number of Stages: Gallons Per Minute Rated Pump Capacity: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: \_ Steel Tane Electric Measuring Line Air Line Static Water Level (A): \_\_\_\_\_Feet Below Land Surface Other (specify): \_\_ Pumping Water Level (B): \_\_\_\_\_Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B) - (A)]: \_\_\_\_\_Feet Below Land Surface Well yielded \_\_\_\_\_GPM with a drawdown of Test Pumping Rate: \_\_\_\_\_\_Gallons Per Minute

Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
I HEREBY CERTIFY that the above statements are true to the best of BIAJ FUZICE   OBG  Print Name of Pump Installer and License No. (if applicable)	f my knowledge.  Aud full  Signature of Pump Installer  Form COW-SWI-SWI-SWI-SWI-SWI-SWI-SWI-SWI-SWI-SW

OCT 1 5 2010