Never received Part 2 3/2013

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2	State Well Report	For Office Use Only:
County: Amite	Part 1 – Driller's Log Mississippi Department of Environmental Quality	Aquifer: $F/19$
Permit #:	Office of Land and Water Resources	
Driller: Justin Robinson	P.O. Box 2309 Jackson, MS 39225	Well #:
Date drilling completed: 10/9/10	(601)961- 5210	L. S. Elevation:
	(601)961- 5228 (fax)	È-log #:
	rt be prepared by the license holder responsible for within 30 days of completion of drilling of the wel	
Information on Well (Owner Well or B	orehole Location
(Landowner if borehole is not fo	or a water well) Latitude WCID 33	"Longitude: 13 • 11 • 32
Owner Name Sames M	artin	
Mailing Address 3122 A CCC	Method of Lat/Long (circle o	one): Conventional Survey,
	USGS quad, Hand-hel	d GPS, Survey-grade GPS
Kanada I	1 20/16 JW 1/2 1/2 Sec_ 2	5 Twn 3N Rns 0 5
Kenner L, City Sta	te Zip Code Distance Direction	Nearest Town
Telephone No. (<u>Goy) 491 - 4</u>	La Miles west	of Mccomb
receptione in Stop		
a .	Well / Borehole Data	
Date drilling started: $\frac{\int \mathcal{O} \mathcal{S} / \mathcal{O}}{\mathcal{O} \mathcal{S} / \mathcal{O}}$ Date dr	illing completed: <u>10/8/10</u> Hole depth: <u>145</u>	Hole diameter: 679
Location of the source of any surface wate	er used for drilling:	
Method of dosing and volume of Chlorin	er used for drilling: <u>OOD</u> e used in drilling and development: <u>10pp</u>	
Logs run (circle all applicable): No log ru	B Electric Gamma Ray Density Sonic Neutron	Other:
Name of organization running log(s):		
Purpose of borehole (check one): Water W	ell_V Geotechnical/Geological Investigation Groun	d Source Heat Pump
Seismic	SurveyOther (<i>describe</i>)	
	to water well construction, skip the remainder of this b	
Purpose of Well (check one): Home 1	ndustrial Public Supply Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation	on: Valve Other (describe)	
Static Water Level: feet at	pove or below (circle one) land surface Date measured:	10/8/10
Method of Measurement (circle one)	\sim	
		\sim
	pth of <u>/</u> feet Type of grout (circle one): Neat Cer	
Casing length: 120 feet Casir	ng diameter: inches Type of casing:	Pox sch 40
Screen length: <u>20</u> feet Scre	en diameter: <u> </u>	Puc sch 40
	Setting depth: From <u>140</u> feet to <u>1</u>	
	(Gravel packed) Underreamed Telescoped Oper	
- , - · · · · · · · · · · · · · · · · ·		•
	Other (describe):	
	feet If telesconed or more than one scre	en, describe on next page
Top of lap pipe or reduction in casing:		
Top of lap pipe or reduction in casing:		Form: OLWR-SWR-1A (0
Top of lap pipe or reduction in casing:		Form: OLWR-SWR-1A (0
Top of lap pipe or reduction in casing:		FIELE
Top of lap pipe or reduction in casing:		the second s

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The sketch below only required for water wells

If well telescones show deaths on sketch

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

Ground Level		Fo (depth
K	red clark with sand Ground Level	100
	white sands 60	100
	APA gravel with coarse 100	120
	wellpartited which sends 120	140
		<u> </u>
1		
		<u> </u>
		├ ──

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow. se trupes Sames Mart Landowner Name: 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

laws abinson appress 10/8/10

Print Name of Responsible Licensee and License No. Date

Jest Kor Signature of Licensee

OCT 1 3 2010