County: Arrile  Permit #:  Driller: Fifree a   d hell Sare.  Date drilling completed: 11-21-05	Part 1 – I Mississippi Departmen Office of Land a P.O. I Jackson, M	Vell Report Driller's Log It of Environmental Quality and Water Resources Box 10631 IS 39289-0631 961-5210	For Office Use Only:  Aquifer:  Well #:
State Law requires that this repor Department at the above address	t be prepared by the lic		
Information on Well C (Landowner if borehole is not for  Owner Name Robert Dufer  Mailing Address: Lover Looky  City State  Telephone No. ()	See Zip Code	Well or Bo  Latitude:	rehole Location  " Longitude:°"
Date drilling started: 11-21-05 Date dri Location of the source of any surface wate Method of dosing and volume of Chlorine Logs run (circle all applicable) No log run Name of organization running log(s):	r used for drilling:	Hole depth: 115	

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump

If drilling is not related to water well construction, skip the remainder of this block

feet above or below (circle one) land surface

Setting depth: From

Other (describe):

Stavel packed Underreamed

electric tape

\_\_\_\_ Other (describe)

air line

105

Date measured:

other:

Type of casing: \_\_

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

Open hole

Type of screen:

Telescoped

Type of grout (circle one); Neat Cement Bentonite

Seismic Survey\_\_\_ Other (describe)

Purpose of Well (check one): Home Industrial\_\_\_ Public Supply\_\_\_ Irrigation\_

steel tape

Casing diameter:

Screen diameter:

If a flowing well, method of flow regulation: Valve \_

Well depth: 115 Well grouted to a depth of 10 feet

Static Water Level: \_\_\_\_\_

Casing length: 105

Screen slot size: \_\_\_ 012

Type of completion (circle all applicable):

Top of lap pipe or reduction in casing:

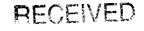
Screen length:

Method of Measurement (circle one)

Form: OLWR-SWR-1A

feet

Natural Development



BY: OLWR

The	skatch	holow	only i	required i	for	water	والمس
i ne	SACILIE	UCIUN	unit i	CHRII CH	w	PVIII CI	MEHRO

TC 11 . 1	1 1 4 1 4 1	

If well telescopes,	show	depths	on	sketch	į
Ground Level					

## 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)
	Ground Level	
Clus	0	20
Suh-	76	40
Clude	40	20
cravet.	70	90
Sand	90	100
lowse sond	100	115
	1	1
	<del>                                     </del>	<del>                                     </del>
		1
	<del>                                     </del>	
	<b>+</b> · · · · · · · · · · · · · · · · · · ·	
	<del> </del>	+
	+	+
		-

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

Sketc	aio	erty layout and include the following: 1) the well location; 2) any permanent structures on the property that may d in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; a north arrow.
		Love Liberty Glosler Rd.
	Enterprise	
	86 Pa	
Lande	owner Nan	ne: Robert Duyers

Form: OLWR-SWR-1A

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

BIAL Flegera U.

a 6, 029

Print Name of Responsible Licensee and License No.

04, 11-21-05, Bend

ate

Signature of Licensee

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## STATE WELL REPORT

## County: Hm. 40. Permit #: Date completed: 11-21-05

## Part 2

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

For Office Use Only:			
Aquifer:	,		
Well #:	11-76		
Elevation:			

P.O. Box 10631 Jackson, MS 39289-0631 (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 Location Well Owner Information \_ Longitude:\_ Owner Name: Latitude:\_ Method of Lat/Long (check one): Conventional Survey\_\_\_\_, Mailing Address: USGS quad . Hand-held GPS ..., Survey-grade GPS\_\_\_\_ T 2NR 3E 1/4 Sec 2 Zip Code Distance Direction Nearest Town Miles west of Liberty Telephone No. (\_ Power Type **Pump Type** Circle one Circle one Natural Gas Submersible Diesel Engine Gasoline Engine Jet Air Lift Electric Motor Hand Tractor PTO Bucket **Piston** Turbine Windmill Other (specify): \_\_ Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): \_\_\_ 11-21-04 105 1 Date Pump Installed: \_\_\_ Setting Depth: Gallons Per Minute Number of Stages: Rated Pump Capacity: \_ Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: Air Line **Electric Measuring 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: \_\_\_\_ Gallons Per Minute Well yielded \_\_\_\_\_ GPM with a drawdown of Test Pumping Rate: \_\_\_\_ \_\_\_\_\_feet after \_\_\_\_\_hours of pumping Duration of Pump Test (minimum 4 hours): \_\_\_\_\_hours

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.	
Brad Eternald 029.	Beal Kull	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
		Form: OLWR-SWR-1B

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