State W	ell Report	
County: Am le Part 1 - I	Oriller's Log	For Office Use Only:
Mississippi Departmer	nt of Environmental Quality	Aquifer: 7 98
	nd Water Resources Box 2309	Well #:
	n, MS 39225	L. S. Elevation:
D = 13 - 10 (601)	961-5210	
(601)96	1- 5228 (fax)	E-log #:
State Law requires that this report be prepared by the lic	ense holder responsible for t	he work and filed with the
Department at the above address within 30 days of comp	letion of drilling of the well	or borehole. rehole Location
Information on Well Owner (Landowner if borehole is not for a water well)		
	Latitude: 31 ° 6 '59'	Longitude: 90° 30° 118"
Owner Name Tevell Watts	Method of Lat/Long (circle or	<u> </u>
Mailing Address: Bates School K.		
	· -	GPS, Survey-grade GPS
	N 14 1 1/2 1/4 Sec 29	
Macado H M S City State Zip Code	SE SE 20	
City State Zip Code	Distance Direction Miles	
Telephone No. ()		
Well / Bore	hole Date	
		αu
Date drilling started: 7-13-10 Date drilling completed: 2-13-	70 Hole depth: 125	Hole diameter:
Location of the source of any surface water used for drilling:		
Method of dosing and volume of Chlorine used in drilling and deve	lopment:	
Logs run (circle all applicable): No log run Name of organization running log(s): Electric Gamma Ray	Density Sonic Neutron	Other:
Purpose of borehole (check one): Water Well_Geotechnical/Geol	ogical Investigation Ground	Source Heat Pump
Seismic Survey Other (describe		
If drilling is not related to water well construction	n, skip the remainder of this blo	ock
Purpose of Well (check one): HomeIndustrial Public Supply	Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation: Valve C		D D .
Static Water Level:feet above or below (circle one)	land surface Date measured:_	7-13-10
	air line other:	
Well depth: 125 Well grouted to a depth of 10 feet Type	of grout (circle one): Neat Cem	ent Bentonite Mix
Casing length: //5 feet Casing diameter: ///		i i
Screen length:		
Screen slot size: 1012 inches Setting depth: From_	/15feet to	25 feet
Type of completion (circle all applicable): Cravel packed Under	reamed Telescoped Open	hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:feet. If te	lescoped or more than one scree	en, describe on next page

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

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The ske	etch belor	v onlv	required	for	water	· wells

If well telescopes, show depths or	n sketch.
Ground Level	

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

Description of Formations Encountered		
	Ground Level	
Class	0	20
Saddi	20	60
Gravet	60	100
Gravet Sundi	100	115
Cause Sand	(15	120
	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 loc aid in locating the well; 3) any roads, power lines, or o 4) a north arrow.	ation; 2) any permanent structures on the property that may ther items that may aid in locating the property and the well;
Butes School	RJ 6989
Flamp Lea Ry	mobil Home
CA R	@ E-well
Landowner Name: Jewell Watts	Form: OLWR-SWR-1A (04/0

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.

Brud Hayald

Print Name of Responsible Licensee and License No.

7-13-10

Date

Sanatura of License

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STATE W	ELL REPORT For Office Us	<u> </u>
Λ L	Part 2	e Only:
Pump Installe	's Completion Report Aquifer: P98	?
Permit #: Mississinni Denartme	ent of Environmental Quanty)
	d and Water Resources D. Box 2309 Well #:	
· · · · · · · · · · · · · · · · · · ·	on, MS 39225 Elevation:	
(00	1)961-5210	
Copy information from block on Part 1 (601)	061-5228 (fax)	
This part of the report must be completed by a licensed water wel	l contractor or a licensed pump installer. A copy of Pe	art 1 of the
report must be attached and both parts filed with the Department	at the above address within 30 days of well completion	r
Well Owner Information	Well Location	
Owner Name: Tewel Watts	Latitude: 310 6 59.9 Longitude: 96 3	7 1.8
Mailing Address: 6989 Bakes School Rd	Method of Lat/Long (check one): Conventional Sur	rvev .
Mailing Address: 10787 Putes School 198		
	USGS quad, Hand-held GPS, Survey-gra	de GPS
Macadra da (.	¼ ¼ Sec TF	<u> </u>
Magnolvi M.S. City State Zip Code		
,	Distance Direction Nearest Tow Miles of	m
Telephone No. ()	Miles 0I	
Pump Type	Power Type Circle one	
Circle one Air Lift Jet Submersible		latural Gas
All Cit.		, pmo
Bucket Piston Turbine	Eloetric Motor Hand Tr	actor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
	Horse Power Rating of Motor: 3/4	
Other (specify):	i e	
Date Pump Installed: 7-13-10	Setting Depth:feet	
	Number of Stages: 12	
Rated Pump Capacity:Gallons Per Minute	Number of Stages:	
	M.A. J. S.W	
Pump Test Data Date Well Tested:	Method of Measuring Water Leve Circle one	
		eel Tape
Static Water Level (A):Feet Below Land Surface	Other (enerify):	
Pumping Water Level (B):Feet Below Land Surface	Other (specify):	
		c .
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:	feet
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawd	lown of
	feet afterhours of	of numping
Duration of Pump Test (minimum 4 hours):hours		n pumping
This is for (circle one): New Well Replacement of E	xisting Pump Repair of Existing Pump	
The fact of the control of the contr		
	of my knowledge. /	
I HEREBY CERTIFY that the above statements are true to the best	· · · · · · · · · · · · · · · · · · ·	
I HEREBY CERTIFY that the above statements are true to the best	1 1	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

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