State V	Vell Report		
1 - 11	Driller's Log	For Office Use Only:	
Miccicianni lengrime	nt of Environmental Quality	Aquifer:	
Permit #: 6-/4 Z Office of Land	Office of Land and Water Resources Well#: D-7/		
l Deillen d'Octobel Laid della d'En .	Box 10631	*	
1	MS 39289-0631)961-5210	L. S. Elevation:	
	54-6938 (fax)	E-log #:	
(001)53	, , , , , , , , , , , , , , , , , , , ,		
State Law requires that this report be prepared by the lie Department at the above address within 30 days of com			
Information on Well Owner	Well or Bo	orehole Location	
(Landowner if borehole is not for a water well)	Latitude: ° '	" Longitude:,"	
Owner Name Johnny Merci			
Mailing Address: 1325 Chutes Pl	Method of Lat/Long (circle or	ne): Conventional Survey,	
Mailing Address: / 3 23 Casta / A	USGS quad, Hand-held	GPS, Survey-grade GPS	
	¼¼ Sec_//	Twn Z.5 Rng IW	
Thicking City Ms 38697 City State Zip Code			
City State Zip Code	Distance Direction 2/2 Miles NE	Nearest Town of Laman	
Telephone No. (22) 544 - 0329			
Well / Bor	ehole Data		
Date drilling started: $8-2208$ Date drilling completed: $8-2208$	7.08 Hole depth: 145'	Hole diameter:	
Location of the source of any surface water used for drilling: Well Water Method of dosing and volume of Chlorine used in drilling and development: Ye Ph. Chlorine to 1000 Hell Water			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):			
Purpose of borehole (check one): Water Well 🗶 Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (describe)			
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: 65 feet above on below (circle one) land surface Date measured: 8-22c8			
Method of Measurement (circle one) steel tape electric tape			
Well depth: 145 Well grouted to a depth of 16 feet Type of grout (circle one); Neat Cement Bentonite Mix			
Casing length: / 3 0 feet Casing diameter: 4		1	
Screen length: / 5 feet Screen diameter:			
Screen slot size:inches			
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open	hole Natural Development	
Other (describe):			
Top of lap pine or reduction in casing: feet. If to	elesconed or more than one scre	en, describe on next page	

Form: PLANSWR 14

STATE WELL REPORT

Driller: Larry Date completed: 8-27-68

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631

Jackson, MS 39289-0631 (601)961-5210

For	Office Use Only:
Aquifer:	
Well #:	D-71
Elevation:	

Copy Information from block on Part 1	(601)354-6938 (fax)	354-6938 (fax) Elevation:		
This part of the report must be completed by a le report must be attached and both parts filed wit				
Well Owner Information		Well Location		
Owner Name: Ishny Tres Mailing Address: 1325 Curtis	Latitude:	Latitude: Longitude:		
Mailing Address: 1325 Cuntis		Lat/Long (check one): Con	 	
		d, Hand-held GPS	, Survey-grade GPS	
miligan Cty Ms		// Sec // T 2		
Telephone No. ((12) 544 - 632		Direction Near		
Pump Type Circle one		Power Typ Circle one		
Air Lift Jet Subs	mersible Diesel Eng	ine Gasoline Engine	e Natural Gas	
Bucket Piston Turb	ine Electric Me	otor Hand	Tractor PTO	
Centrifugal Rotary Flow	ving Well Windmill	`,	:	
Other (specify):	Horse Pow	er Rating of Motor:/	1/2	
Date Pump Installed: 8-27-08	Setting Dep	oth:	feet	
Rated Pump Capacity: 20 Gallo	ns Per Minute Number of	Stages: / 4		
Pump Test Data		Method of Measuring		
Date Well Tested: 8-27-08		Circle one		
Static Water Level (A): 65 Feet Below		Electric Measuring Li		
Pumping Water Level (B): 7/ Feet Below	Land Surface Other (spec	ify):	****	
Drawdown [(B) – (A)]:Feet Below	Land Surface For flowing	well, measured shut in hea		
	ns Per Minute Well yielde			
Duration of Pump Test (minimum 4 hours):	hours 6	feet after 4	hours of pumping	
I LIEDEDV CEDTIEV that the above statements of	on true to the best of any land	l.o.	RECEIVE	

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge		HECEIVEL
11 Grant Control 1 date do novo statemento are due to me best of	·	Carperta	SEP 2 2 2008
Print Name of Pump Installer and License No. (if applicable)	Signatu	re of Pump Installer	PV: OLWID
			Form: OLWR-SWRVIB

The sketch be	low only re	equired for	water we	lls
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If well telescopes,	show	deoths	on sk	etch
II WAN SCHOOLAND	DINON	W-1/1/1/	A14 014	***

If well telescopes,	show	depths	on	sketch
Ground Level		7		

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	
Surface Soil	C	20
med Red Soul	20	41
	<u> </u>	
Fire White South	41	6-5
	 	d Z
White Clay	65	86
med white soul	80	110
	 	
While Cross Sond	110	145
		<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.
Curtis Rd.
lineung / Royely
House I a facell
Landowner Name: Johnny hesse
Form: OLWR-SWR-1

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

LARRY CARPENTER 0-162 8-30-68

Print Name of Responsible Licensee and License No.

SEP 2 2 2008

BY: OLWR