- · · · · · · · · · · · · · · · · · · ·	State W	ell Report	
County: Benton	Part 1 – Driller's Log For Office Use Or		For Office Use Only:
, -	Mississippi Department of Environmental Quality		Aquifer:
Permit #:		nd Water Resources Box 2309	Well #: 646
Driller: Janes Us Mason	Jackson, MS 39225 (601)961- 5210		L. S. Elevation:
Date drilling completed: 1-4-09		1- 5228 (fax)	E-log #:
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.			he work and filed with the
Information on Well Owner Well or Borehole Location			
(Landowner if borehole is not for a water well)		Latitude: 34 . 51 , 463	3, Longitude: 89.19, 923,
Owner Name Tom Gree~		27	Longitude: 89 · 19 · 933." Le): Conventional Survey,
Mailing Address: Nodsono	ille rd		
		USGS quad, (Hand-held	Grys, Survey-grade GPS OV wn So OV 1 W
Ashland or	30103	NW 1/4 NW 1/4 Sec S	wn 35 mg 1 w
Ashland Ms City Stat	e Zip Code	Distance Direction	Nearest Town
Telephone No. (90) 482-520	-2	3" Miles 5w	of Lannor
	Well / Bore	hole Data	
Date drilling started: (44-09 Date dri			Hole diameter: 63/4
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: Name of organization running log(s):			
Purpose of borehole (check one): Water We	ellGeotechnical/Geolo	ogical Investigation Ground	Source Heat Pump
Seismic S If drilling is not related	Survey Other (describe) to water well construction) n, skip the remainder of this blo	ock
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation	n: Valve O	ther (describe)	
Static Water Level: feet above or below (circle one) land surface Date measured: Description 1 1 1 1 1 1 1 1 1			
Method of Measurement (circle one) steel tape electric tape air line other: Striy (mei, Wt			
Well depth: 700 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 180 feet Casing diameter:inches Type of casing:			
Screen length: 20 feet Screen diameter: 4 inches Type of screen: pvc			
Screen slot size: , OID inches Setting depth: From [80 feet to 300 feet			
Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):			
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page			
		- 10	Form: OLWR-SWR-1A (04/08)

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

If well telescopes, show depths on sketch. Ground Level		

Description of Formations Encountered	From (depth)	To (depth)
cly dirt.	Ground Level	Øi.
white clay	(0)	35
while sound	34	45
white clay	45	90
white sand	90	120
while clay	120	120
wink soud	170	200

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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property a north arrow.	operty that may rty and the well;
_5	
3	
Cabir Je	K
Landowner Name: Ton Green	
	NA CAND 14 (04/08)

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

Print Name of Responsible Licensee and License No.

(0-29-09

Signature of License

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STATE WELL REPORT

County: Benton Permit #:

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309

For Office Use Only:		
Aquifer:	DTT	
Well #:	G46	
Elevation		

Date completed: 11-6-09		n, MS 39225)961-5210	Well #:
Copy information from block on Part 1	(601)96	51-5228 (fax)	Elevation:
This part of the report must be complete report must be attached and both parts f			
Well Owner Inform	ation	Well Location	
Owner Name: Tom Green		Latitude: 34-51-463 Longitude: 89.19-933	
Mailing Address: hudsonville rd.		Method of Lat/Long (check on	
		USGS quad, Hand-held GPS, Survey-grade GPS	
Ashlerd MS 38603 City State Zip Code		NW 14 NW 14 Sec 5 T 35 R (W	
City State Zip Code		Distance Direction Nearest Town	
Telephone No. (9a) 482-5262		312 Miles Sw of	Lanner
Pump Type		Pov	ver Type
Circle one	_		rcle one
Air Lift Jet	Submersible	Diesel Engine Gasoline	e Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other (s	specify):
Other (specify):		Horse Power Rating of Motor:(\\psi	
Date Pump Installed: LY ~ 6 ~ 09		Setting Depth: 180	feet
Rated Pump Capacity:Gallons Per Minute		Number of Stages: 10	
Pump Test Data Method of Measuring Water Level			
Date Well Tested: 1 6 - 09			rcle one
		Air Line Electric Meas	suring Line Steel Tape
Static Water Level (A):Feet Below Land Surface		Other (specify): 5tring	lveint
Pumping Water Level (B):Feet Below Land Surface		Siller (Speedify): Street 1	· · · · · · · · · · · · · · · · · · ·
Drawdown [(B) – (A)]: r — Feet Below Land Surface Test Pumping Rate: Gallons Per Minute		For flowing well, measured sho	ut in head:feet
Test Pumping Rate:Gallons Per Minute		Well yielded	
Duration of Pump Test (minimum 4 hours): 34 hours		feet after	Hours of pumping

1211	Air Line Electric Measuring Line Steel Tape
Static Water Level (A):Feet Below Land Surface	Other (specify): String I reight
Pumping Water Level (B):Feet Below Land Surface	(openy), <u>o j j j</u>
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute	Well yielded <u>(O</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWR IB (0408) VED