#10	0-430	
State W	ell Report	
	Driller's Log	For Office Use Only:
Mississippi Department	Mississippi Department of Environmental Quality	
	Office of Land and Water Resources	
Duillen of the Allender in	Box 2309 n, MS 39225	Well #:
Data drilling completed 7.2 (601)	961- 5210	L. S. Elevation:
(601)96	1- 5228 (fax)	E-log #:
State Law requires that this report be prepared by the lic.	ense holder responsible for t	the state of the s
Department at the above address within 30 days of comp		
Information on Well Owner	Well or Bo	rehole Location
(Landowner if borehole is not for a water well)	Latitude: 33° 47 '83.9	" Longitude 90 . 55' 12.5"
Owner Name George Forri - Greg Sartain		" Longitude: <u>90° 55' 12-5"</u>
Mailing Address: 296 Westover Dr	Method of Lat/Long (circle on	e): Conventional Survey,
Mailing Address: 276 We Slover OF	LISCS and And hold	GPS, Survey-grade GPS
chill M solul		Twn 22N Rng TW
Clarkede Mc. 386/4 City State Zip Code	SE NE	
	Distance Direction	Nearest I own
Telephone No. (62) 627-4006		· · · · · · · · · · · · · · · · · · ·
Well / Bore	hole Data	dan sa kaman kanan kanan kanan kanan kanan kanan kana kanan kanan kanan kanan kanan kanan kanan kanan kanan kan
Des 4/11	1	-24
Date drilling started: 7-26 Date drilling completed: 7-2	6 Hole depth: <u>100</u>	Hole diameter.
Location of the source of any surface water used for drilling:	rel 1/2 mi west	That P BACK
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s).	Density Sonic Neutron (Other:
1		
Purpose of borehole (check one): Water Well Geotechnical/Geolo	gical Investigation Ground	Source Heat Pump
Seismic Survey Other (describe)		
If drilling is not related to water well construction	i, skip the remainder of this blo	
Purpose of Well (check one): Home Industrial Public Supply	/	
	Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation: Valve Ot		
If a flowing well, method of flow regulation: Valve Of Static Water Level: feet above or below (circle one) la	ther (describe)	
Static Water Level:feet above or below (circle one) la	ther (describe) and surface Date measured:	7-27
Static Water Level:feet above or below (circle one) la Method of Measurement (circle one) steel tape electric tape	ther (describe) and surface Date measured: air line other:	7-27
Static Water Level: <u>32</u> feet above of below (circle one) la Method of Measurement (circle one) steel tape electric tape Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet Type of	ther (describe) and surface Date measured: air line other: of grout (circle one): Neat Ceme	7-27
Static Water Level: <u>32</u> feet above or below (circle one) la Method of Measurement (circle one) steel tape electric tape Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet Type of Casing length: <u>160</u> feet Casing diameter: <u>16</u>	ther (describe) and surface Date measured: air line other: of grout (circle one): Neat Ceme inches Type of casing:	7-27 nt Bentonite Mix PVC -40
Static Water Level: 32feet above of below (circle one) la Method of Measurement (circle one) Steel Tape electric tape Well depth: 100Well grouted to a depth of 10feet Type of 10 Casing length: 160feet Casing diameter: 16 Screen length: 10feet Screen diameter: 16	ther (describe) and surface Date measured: air line other: of grout (circle one): Neat Ceme inches Type of casing: inches Type of screen:	7-2.7 $Bentonite Mix$ $PVC - 40$ $PVC - 40$
Static Water Level:feet above of below (circle one) la Method of Measurement (circle one) Steel Tape electric tape Well depth: <u>/OO</u> Well grouted to a depth of <u>/O</u> feet Type of Casing length: <u>feet</u> Casing diameter: <u></u> Screen length: <u>feet</u> Screen diameter: <u></u> Screen slot size: <u></u> inches Setting depth: From	ther (describe) and surface Date measured: air line other: of grout (circle one): Neat Ceme inches Type of casing: inches Type of screen: feet to	7 - 2.7 nt Bentonift Mix $PVC - 40$ $PVC - 40$ feet
Static Water Level: <u>32</u> feet above of below (circle one) la Method of Measurement (circle one) steel tape electric tape Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet Type of Casing length: <u>40</u> feet Casing diameter: <u>16</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> Screen slot size: <u>-031</u> inches Setting depth: From Type of completion (circle all applicable): Tavel packet Underre	ther (describe) and surface Date measured: air line other: of grout (circle one): Neat Ceme inches Type of casing: inches Type of screen: feet to camed Telescoped Open h	7-2.7 Int Bentonife Mix $9/C - 40$ $P/C - 40$ $feet$ ole Natural Development
Static Water Level: <u>32</u> feet above of below (circle one) la Method of Measurement (circle one) steel tape electric tape Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet Type of Casing length: <u>40</u> feet Casing diameter: <u>16</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> Screen slot size: <u>-031</u> inches Setting depth: From Type of completion (circle all applicable): Tavel packet Underre	ther (describe) and surface Date measured: air line other: of grout (circle one): Neat Ceme inches Type of casing: inches Type of screen: feet to camed Telescoped Open h	7-27 nt Bentonift Mix PVC - 40 PVC - 40 PVC - 40 feet ole Natural Development

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

AUG 2 6 2010 BY: OJWP

The sketch below only required for water wells

If well telescopes, show depths on sketch. 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	
Chay .	0	#21
Fine Card	42	45
Chey Fine Sand Course Sand Course	45	100'
		Ľ
		1
	<u> </u>	
		1
		1

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. See Atterted Map Grey Sortain Landowner Name: Geolge Ferri 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

8-6-10

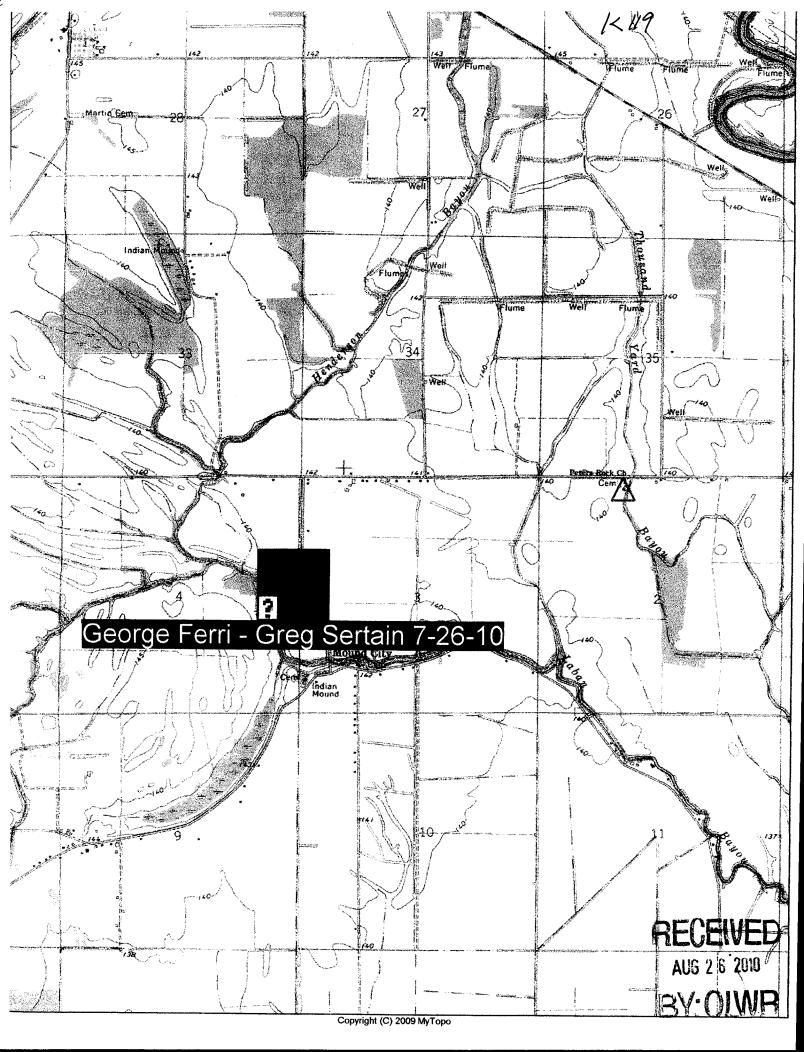
Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

AUG 2 6 2010

2V. AMP



STATE W	ELL REPORT	
Permit # <u>GW - 44427</u> Pump Installe Permit # <u>GW - 44427</u> Mississippi Departm	Part 2 r's Completion Report ent of Environmental Quality	For Office Use Only: Aquifer: 12 119
Driller: <u>1977</u> P.C Date completed: <u>1-26-10</u> Jacks (60	d and Water Resources D. Box 2309 on, MS 39225 11)961-5210	Well #:
<u>Copy information from block on Part 1</u> (601)! This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department		
Well Owner Information	Well Location	
Owner Name: <u>CEORGE FERLI</u>		Longitude: 900 55, 1251
Mailing Address: 1309 College St	Method of Lat/Long (check or	ne): Conventional Survey,
		GPS, Survey-grade GPS
<u>Cleveland</u> , <u>MS</u> 38732 City State Zip Code	¼ ¼ Sec 4	
	Distance Direction	Nearest Town
Telephone No. (12) 627-4006	<u>3/2</u> Miles <u>E</u> o	f <u>Beulah</u>
Pump Type Circle one		wer Type ircle one
Air Lift Jet Submersible	Diesel Engine Gasolir	ne Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary Flowing Well		(specify):
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed: <u>7-27-10</u>	Setting Depth:	0feet
Rated Pump Capacity:	Number of Stages:	/
Pump Test Data		asuring Water Level ircle one
Date Well Tested:	Air Line Electric Meas	suring Line Steel Tape
Static Water Level (A):Feet Below Land Surface	Other (specify):	
Pumping Water Level (B):Feet Below Land Surface	Succ (spoons)	
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured sh	ut in head:feet
Test Pumping Rate:Gallons Per Minute	Well yielded	_GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet after	hours of pumping
		1 M III
I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.	11 Hol
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Ins	
		Form: OLWR-SWR-11B (04708)
		ST.ORMER