	State Well Report	For Office Use Only:		
County: BOLIVAR	Part 1 – Driller's Log	For Othice Ose Only.		
	Mississippi Department of Environmental Quality	Aquifer:		
Permit #: 6W43491	Office of Land and Water Resources P.O. Box 2309	Well #:		
Driller: F.DON DRILLING CO, INC.	Jackson, MS 39225	L. S. Elevation:		
Date drilling completed: 6-2-69	(601)961- 5210	L. S. Elevation:		
Date drining completed.	(601)961- 5228 (fax)	E-log #:		
State I aw requires that this repor	t 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 we	ll or borehole.		
Information on Well (	Owner Well or I	Borehole Location		
(Landowner if borehole is not fo	Latitude: 45° AD A	5 ngitude 10° 39 42		
Owner Name J. D. P. Gladden	tanne Mc.	·		
	.   Method of Lat/Long (circle	one): Conventional Survey,		
Mailing Address: 2 2 Ralph	USGS quad, Hand-he	ld GPS, Survey-grade GPS		
00 11 42	1 38732 NE 1 NE 1 Sec 13	3 Twn <u>22N</u> Rng 5 <i>W</i>		
Clausland M.	te Zip Code Distance Direction	Nearest Town		
Telephone No. 662) 843-586	4 Miles # 5	of Cleve/and Mis		
Telephone No. (664) 073-3 8	13	,		
	Well / Borehole Data			
Date drilling started: 6-205 Date dr	rilling completed: 62-69 Hole depth: 120	Hole diameter: 22		
	er used for drilling:	a littat		
Method of dosing and volume of Chlorin	e used in drilling and development:	<i>V</i> 0/+/		
Logs run (circle all applicable): No log ru Name of organization running log(s):	n Electric Gamma Ray Density Sonic Neutron	Other:		
Purpose of borehole (check one): Water W	Vell Geotechnical/Geological Investigation Grou	nd Source Heat Pump		
Seismic	Survey Other (describe) Trrication	<b></b>		
If drilling is not related	Survey_Other (describe) This Gate on Water well construction, skip the remainder of this	block		
Purpose of Well (check one): HomeIndustrial _ Public Supply _ Irrigation Y Fish CultureOther:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 40 feet a	bove of below (circle one) land surface Date measure	d: 6-3-69		
Method of Measurement (circle one)				
Well depth: 126 Well grouted to a d	lepth of <u>fo</u> feet Type of grout (circle one): Neat C	ement Bentonite Mix		
Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVL				
Screen length: 40 feet Screen diameter: 10 inches Type of screen:				
1	Setting depth: From 80 feet to 1			
Type of completion (circle all applicable)	: Gravel packed Underreamed Telescoped Op	en 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

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

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The sketch below only required for water wells	Description of formations encountered wells and boreholes, unless specifically	must be provided exempted by regu	<u>for all</u> lations
If well telescopes, show depths on sketch.  Ground Level	Description of Formations Encountered		To (depth)
<u> </u>	C/Ce V	Ground Level	18
10'	7 (70) 50 14	18	38
	54 nd Corne	1038	20
	Sund datode	- 5	120
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40'		<del>-  </del>	1
,			
Sketch the property layout and include the following: 1) the we aid in locating the well; 3) any roads, power lines 4) a north arrow.	Rose Mary 134	ie property that ma property and the we	y 11;
Landowner Name: J. D. P. Gladdar, fur	}	orm: OLWR-SWR ble requirements	
Mississippi Department of Environmental Quality and the	Mississippi Department of Health regulation	ons, if applicable,	and state
L'or Dillinglo, me 289	5-2-0	10- 14	1-X
		DEN	47
Drive Name of Despoysible Licensee Md License No.	Date Signature of Lie		- 1 V I

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## STATE WELL REPORT

## Permit #: Driller: LODA DRILLING CO., Inc. Date completed: 6-3-9

## Part 2 Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210

For	For Office Use Only:	
Aquifer:	•	
Well #:	M240	
Elevation:		

Copy information from block on Part 1	(001)90	51-5228 (lax)		
This part of the report must be completed by	by a licensed water well of	contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion.		
Well Owner Informati	on	Well Location		
Owner Name: J.D.P. Gladder Farm Inc		Latitude: 3340, 686 Longitude: 9031 489		
Mailing Address: 22 Rolph Pay Rd.		Method of Lat/Long (check one): Conventional Survey,		
City State Zip Code		USGS quad, Hand-held GPS, Survey-grade GPS		
		NE "NE " Sec 13 T22N R 5W		
		Distance Direction Nearest Town		
Telephone No. 662 84 3.5895		4 Miles I of fleveland		
Pump Type		Power Type		
Circle one		Circle one		
Air Lift Jet	Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other (specify):		
Other (specify):		Horse Power Rating of Motor:		
Date Pump Installed: 6-2-89		Setting Depth:feet		
Rated Pump Capacity:		Number of Stages:		
Pump Test Data		Method of Measuring Water Level Circle one		
Date Well Tested:		Air Line Electric Measuring Line Steel Tape		
Static Water Level (A):Feet Below Land Surface		i		
Pumping Water Level (B):Feet Below Land Surface		Other (specify):		
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 drawdown of		
Duration of Pump Test (minimum 4 hours):	hours	feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge				
Print Ivanic of Pump Installer and License No. (if applicable)  Signature of Pump Installer  Form: OLVER SWIP 1B (04/08)				

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Form: OLWR SWP LE

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