	State W	ell Report				
County: Robinso		Driller's Log	For Office Use Only:			
	Mississippi Departmer	nt of Environmental Quality	Aquifer: Y200			
Permit # (-W-44322	Office of Land and Water Resources P.O. Box 2309		Well #:			
Driller: Cosk Doilling Co., Mc.	Jackson, MS 39225		L. S. Elevation:			
Date drilling completed: 6-18-14		961- 5210 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.						
Information on Well C	wner	Well or Bo	rehole Location 28			
(Landowner if borehole is not fo	A '	Latitude: 33°CS , 24	"Mongitude: 20° 50 281			
Owner Name C.D. Long Family	Cartnership					
Mailing Address: P. D. Boy 5		Method of Lat/Long (circle or	e): Conventional Survey,			
<u></u>			GPS, Survey-grade GPS			
Resolate N City Stat	3. 38769	11 545 4 Sec 05	Twn 24 MRng OG W			
		Distance Direction	Nearest Town of <u>Shelvy</u> M15			
Telephone No. (662) 759 - 35	10					
Location of the source of any surface wate Method of dosing and volume of Chlorine Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water We	used in drilling and devel Electric Gamma Ray	opment: Density Sonic Neutron	Other:			
Seismic S If drilling is not related	urvey Other (describe to water well constructio)	ock			
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: <u>36</u> feet above or below (circle one) land surface Date measured: <u>6-10-10</u>						
Method of Measurement (circle one) steel tape electric tape air line other:						
Well depth: 120 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PUL</u>						
Screen length: 40 feet Scree						
Screen slot size: 050 inches	Setting depth: From	80 feet to 12	<u>I feet</u>			
Type of completion (circle all applicable):						
	Other (describe):	•	· ·			
Top of lap pipe or reduction in casing:	feet. If te	lescoped or more than one scre	en, describe on next page			
			Form: OLWR-SWR-1A (04/08			
			DECEMEN			

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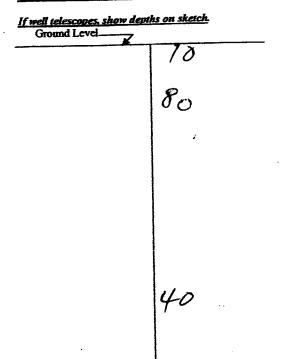
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HEGEIVED JUL 2 7 2010 BY: OLWP

PZOD

And fam all

The sketch below only required for water wells



Description of Formations Encountered	From (depth)	To (depth)	
wells and boreholes, nuless specifically	eccampted by re	gulations	
Description of formations encountered	AUX OF DIDVILLE	a jur aa	

Description of Formations Encountered	From (depth)	io (depth)
Clay	Ground Level	35
sand,	35	60
Sandoglaly	60	120
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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. Ten Landowner Name: C.D. Long famil 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

D., INC. 289 10-10 Usla. Date

Non s Signature of Licensee

Print Name of Responsible Licensee and License No.

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JUL 2 7 2010

BY: DIMP

STATE WELL REPORT Part 2 For Office Use Only: County: Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: 44922 00 Permit #: Office of Land and Water Resources a Co. ma P.O. Box 2309 Driller: Well#: Jackson, MS 39225 (601)961-5210 Date completed: 6-10-10 Elevation: (601)961-5228 (fax) Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information 21 Longitude:7 Latitude: 33 y artner ong tame Owner Name: (12 Method of Lat/Long (check one): Conventional Survey Mailing Address: , Hand-held GPS___, Survey-grade GPS USGS quad 124 SW14 Sec 016 124 JR 06W M.S. 38769 Direction Nearest Town Distance Miles 21 Nof She 759.3596 Telephone No. (Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible let Air Lift Tractor PTO Hand Electric Motor Turbine Piston Bucket Other (specify): Windmill Flowing Well Rotary Centrifugal Horse Power Rating of Motor: Other (specify): feet Setting Depth: Date Pump Installed: (BOD Gallons Per Minute Number of Stages: Rated Pump Capacity: ___ Method of Measuring Water Level Pump Test Data Circle one Steel Tape Date Well Tested: Electric Measuring Line Air Line Static Water Level (A): ______Feet Below Land Surface Other (specify): Pumping Water Level (B): _____Feet Below Land Surface For flowing well, measured shut in head: _____ feet Drawdown [(B) - (A)]: ______Feet Below Land Surface GPM with a drawdown of Test Pumping Rate: ______Gallons Per Minute Well yielded hours of pumping feet after Duration of Pump Test (minimum 4 hours): _____hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Co.mc Now BOK DALA. 289 COME A STATE D Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable) Form: OLWR:SWR-18 (04/08) JUL 27 2010