County Collow County.	Part 1 – Driller's Log	For Office Use Only:
, ivilssissip	pi Department of Environmental Quality	Aquifer:
	ice of Land and Water Resources P.O. Box 2309	Well #: B-23
Driller: Joses w Masan	Jackson, MS 39225	1.0.5
Date drilling completed: 11- &- c cF	(601)961- 5210 (601)961- 5228 (fax)	L. S. Elevation:
State I am magnines that this man out he amount	and built a transactivities of the con-	E-log #:
State Law requires that this report be preparaged Department at the above address within 30	rea by the license notaer responsible fol davs of completion of drilling of the we	r the work and filed with the ll or borehole.
Information on Well Owner	Well or E	Borehole Location
(Landowner if borehole is not for a water w	ell) Latituda 34 00 181	2" Landing N . 30 , 330"
Owner Name Pete Woldein	Method of Lat/Long (circle)	7" Longitude: 81 • 30 • 330" 20
Mailing Address: 1139 hay 9 N		
	USGS quad, (Hand-hel	ld GPS, Survey-grade GPS
Barnes W? 3	8915 SE 1/2 SW 1/2 Sec 19	Twn Twn Rng W
City State Zi	p Code Distance Direction	Nearest Town
Telephone No. (703) 470 - 8766	- Jily Miles NE	of Bourse
	Well / Borehole Data	7: " 74-4
a secs		/ 3)
Date drilling started: March Color Date drilling complete	eted: 110000 Hole depth: 173	Hole diameter: 6714
Location of the source of any surface water used for dr Method of dosing and volume of Chlorine used in dril	illing: \(\rangle \rangle \	
Logs run (circle all applicable): No log run Electric Name of organization running log(s):	Gamma Ray Density Sonic Neutron	Other:
Purpose of borehole (check one): Water WellGeot	echnical/Geological Investigation Groun	d Source Heat Pump
Seismic SurveyOOOO	ther (<i>describe</i>)	lock
Purpose of Well (check one): Home / Industrial	Public Supply Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation: Valve	.	
Static Water Level:feet above of below	(circle one) land surface Date measured:	11-8-08
	· ·	Tring lucight
Well depth: 145 Well grouted to a depth of 10		-
Casing length:feet Casing diameter:	inches Type of casing:	puc
Screen length: 30 feet Screen diameter: Screen slot size: Screen length: inches Setting de	inches Type of screen:	105
Screen slot size:inches Setting de	epth: From #7 135 feet to #9	1-145 feet
Type of completion (circle all applicable). Gravel pac	ked Underreamed Telescoped Oper	n hole Natural Development
Other (desc	cribe):	
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one scre	een, describe on next page

State Well Report

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

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BY: OLWR

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)
Billey dist	Ground Level	15
Bigde day	15	25
cyron while sound	11	100
Bleck Clay	10:	.761
Black clay	135	142

If more than one screen, show location of each on sketch

Sketch the property	layout and include the	ollowing: 1) the well	location; 2) any permanent	t structures on the property that may	
aid in	locating the well; 3) and	roads, power lines,	or other items that may aid	in locating the property and the well;	
4) a n	orth arrow.	N			
Ş	V/U		N'ag		
				E	
			300		
		5			
		****	ţ		
Landowner Name:	Dete w	المأوري			
L				Form, OLWD SWD 14 (0	4 (00)

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 laws.

Print Name of Responsible Licensee and License No.

(2-5-08) Date

Signature of Licenses

961 00 2008

BYOLVE

STATE WELL REPORT

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)64, 5210

For Office Use Only:			
Aquifer:			
Well #:	B-23		
Elevatio	n:		

Dillier O 3r. 3 C. W. 8. 3 6. 20	P.O.	Box 2309	R	Well #: B - 23	
Date completed: 11-3-08		n, MS 39225	Well #:		
Copy information from block on Part 1	1 ' ')961-5210 11-5228 (fax)	Elevation:		
		. ,			
This part of the report must be complet report must be attached and both parts	ed by a licensed water well of the filed with the Department of	contractor or a licensed pump at the above address within 30	installer. A copy	of Part 1 of the	
Well Owner Inform			ell Location	c	
Owner Name: Dete worlde	دم ز	Latitude: 34.05 81	<u> </u>	1-36-330	
Mailing Address: 1139 L	w po pro	Method of Lat/Long (check			
		USGS quad, Hand-hel	d GPS <u></u> , Survey	-grade GPS	
$\frac{\mathbb{G}_{Corre}}{City} \qquad \frac{1}{State}$	5 38715 7 7 Tin Code	SE 1/2 5 w 1/4 Sec 1	<u>C</u> T Ø 11.> R	(6.3)	
State	, Zip code	Distance Direction	Nearest Tow	'n	
Telephone No. (205) 470 - E	766	<u>314</u> Miles NE	of Bank	<u>/</u>	
			2.0		
Pump Type Circle one			ower Type Circle one		
Air Lift Jet	Submersible	Diesel Engine Gasol	ine Engine	Natural Gas	
Bucket Piston	Turbine	Electric Motor . Hand		Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):		
Other (specify):		Horse Power Rating of Moto	r: <u>174</u>		
Date Pump Installed: 11-8-08		Setting Depth:	80	feet	
Rated Pump Capacity:30	Gallons Per Minute	Number of Stages:	•		
Pump Test Dat	a	Method of M	easuring Water L	evel	
Date Well Tested:	e	(Circle one		
Static Water Level (A): 7 Fe			asuring Line	Steel Tape	
Pumping Water Level (B): Fee	et Below Land Surface	Other (specify): 5+()~	5 lockly het		
Drawdown [(B) – (A)]: Fe	et Below Land Surface	For flowing well, measured s	hut in head: 🕂 💍	feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded 3 G	GPM with a dra	awdown of	
Duration of Pump Test (minimum 4 hours	s):hours	feet after_	<u> </u>	rs of pumping	
I HEREBY CERTIFY that the above state	ements are true to the best of	my knowledge.			

I HEREBY CERTIFY that the above stater	nents are true to the best	of my knowledge.	
Dans w. Mason	C~630	Gas w. M	
Print Name of Pump Installer and License 1	No. (if applicable)	Signature of Pump Installer	
		Form: OLWR-SWR-1B (04/08)	16.

BY CLAR