County: Co	Ahon	n/A	
Permit #:			
Driller: Ho	usto	<i>)</i>	
Date drilling co	mpleted:	6/5/6	5

## State Well Report Part 1 – Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631

(601)961-5210 (601)354-6938 (fax)

	For Office Use Only:
-	Aquifer:
	L. S. Elevation:
	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 Owner	Well or Borehole Location
(Landowner if borehole is not for a water well)	Latitude: 4 . 6 . 5 " Longitude 18 . 28 . 22
Owner Name BELNARD SMITH	
Mailing Address: Po Box 1157	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
DUBLIN AS 38239 City State Zip Code	Distance Direction Nearest Town
Telephone No. (62) 627 - 7560	Miles of
Well / Borel	holo Doto
1 -	
Date drilling started: 6/5 Date drilling completed: 6/5	Hole depth: 113 Hole diameter: 22
Location of the source of any surface water used for drilling: 5#	me FIELD
Method of dosing and volume of Chlorine used in drilling and develo	opment: 12B Per 1000
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:
Purpose of borehole (check one): Water Well Geotechnical/Geole	ogical Investigation Ground Source Heat Pump
Seismic Survey Other (describe)	
If drilling is not related to water well construction	n, skip the remainder of this block
Purpose of Well (check one): Home Industrial Public Supply_	Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve Ot	her (describe)
Static Water Level: 23 feet above or below (circle one) la	and surface Date measured:
Method of Measurement (circle one) steel tape electric tape	air line other:
Well depth: 113 Well grouted to a depth of 10 feet Type	of grout (circle one): Neat Cement Bentonite Mix
Casing length:feet	_inches Type of casing:
Screen length: 40 feet Screen diameter:	_inches Type of screen:
Screen slot size: 050 inches Setting depth: From	73feet tofeet
Type of completion (circle all applicable): Gravel packed Underro	eamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in easing:feet. If tele	

The	sketch	below	only	required for	water wells

If well telescopes,	show	depths	on	sketch.
Ground Level.				

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

Description of Formations Encountered	From (depth)	To (depth)
· · · · · · · · · · · · · · · · · · ·	Ground Level	
CLAV	0	13
ENO EAND	13	33
COARSE SANDY	22	113
GRAVEL		7
		+
		1
		1
		-
	:	<del> </del>
		+
		+
	<u> </u>	

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

Sketch the property layout and include the following: 1) the we	ll 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.	- Pwell
	Mr.
	)
	}
	}
	<b>\</b>
·	
,	5
1) 49 HWY	
1) 77/70/	<b>\</b>
1.5	
	(MA+CA)
	11111 3010
Landowner Name:	
	W

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 Draw (

Power 6435

Date

Signature of Licensee

Print Name of Responsible Licensee and License No.

## STATE WELL REPORT

## Part 2 Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631

Permit #:

For Office Use Only:				
Aquifer:				
Well #: M - 92				
Elevation:				

Driller:		ox 10631	Elevation:		
Date completed:		S 39289-0631			
Date confidence:	961-5210				
	(601)354	-6938 (fax)		hat 9 #41	
This report must be prepare	d by the pump installer in	detail and filed with the	Department within	so days of the	
installation of pump. A copy	of Part 1 of this report mu	st be attached to this rep	well Location		
Well Owner Info	mation			4.	
Owner Name: BERNARD	SMITH	Latitude: 34.0 05	30 Longitude: <u>09</u>	0.28 22	
Mailing Address: P.O. Box	1157	Method of Lat/Long (cir	cle one): Convention	al Survey,	
		<del>-</del>	Hand-held GPS, Sur		
DUBLIN	MS 38739 State Zip Code	58 1/4 58 1/4 Se	c 26 Twn 26	Rng 3	
City	State Zip Code	Distance Direct	ion Nearest To	wn	
Telephone No. (162) 627-	7560	Miles	of		
Pump Typ			Power Type Circle one		
Circle one			Chec one		
Air Lift Jet	Submersible	Diesel Engine	asoline Engine	Natural Gas	
Bucket Piston	Turbine	Electric Motor I	Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well		Other (specify):	<u> </u>	
Other (specify):		Horse Power Rating of 1	Motor: 70		
Date Pump Installed: 7-	12-05	Setting Depth:	70	_feet	
Rated Pump Capacity: 1600		Number of Stages:	TWO		
D. Trot T	la-k-a	Method of	f Measuring Water Le	vel	
Pump Test D			Circle one		
Date Well Tested:		Air Line Electri	ic Measuring Line	(Steel Tape	
Static Water Level (A): 23	Feet Below Land Surface	Other (specify):			
Pumping Water Level (B):	_Feet Below Land Surface				
Drawdown [(B) - (A)]:	Feet Below Land Surface	For flowing well, measu		, .	
Test Pumping Rate:	Gallons Per Minute	Well yielded		1	
Duration of Pump Test (minimum 4	hours):hours	feet	afterl	nours of pumping	
I HEREBY CERTIFY that the above	statements are true to the be	est of my knowledge.	0 1/1/1		
DAUED P. HOLT	_	140	Holl.	The part of a soul	
Print Name of Pump Installer and Lie		Signature of Pump	Installer	<del>de Ce Ve</del>	

AUG 11 2003