1		1		
State	Well Report			
an Conhome	Part 1	For Office Use Only:		
	ment of Environmental Quality nd and Water Resources	Aquifer:		
Driller VETES VIN "Tilling I	O. Box 10631 n, MS 39289-0631			
Date drilling completed: 8-3-06 (f	501)961-5210	L. S. Elevation:		
(60)	1)354-6938 (fax)	E-log #:		
State Law requires that this report be prepared by 30 days of completion of drilling of the well.	the driller in detail and filed w	vith the Department within		
Well Owner Information		l Location		
Owner Name Clogald Liviely	Latitude: <u>31 ° 00 '470</u>	<u>U</u> " Longitude: <u>90 • 29 • 830</u> " 50		
Mailing Address: 14130257	47 Method of Lat/Long (circle o			
_SO73 williskd		1 GPS, Survey-grade GPS		
Ty TW:/FR 1/15 3896	3 NE 1/2 SW 1/1 Sec 2	2 Twn 25N Rng 0.3W		
City State Zip Code	Distance Direction	Nearest Town		
'Telephone No. ()	Distance Direction	or <u>Kome</u>		
	Well Data			
	pply (Irrigation) Fish Culture	Other:		
Date well drilling started: 8-3-06	Date well drilling completed:	5-06		
If flowing, method of flow regulation: Valve Of				
Static Water Level: 30 feet above or below (direle	one) land surface Date measured	: <u>8-3-06</u>		
	c tape air line other:			
Hole depth: 100' Well depth: 100'	Well grouted to a depth of	fcct		
Type of grout (circle one): Cement Bentonite	Mix			
Casing length: 60' feet Casing diameter: 16	inches Type of casing:			
Screen length: 40' feet Screen diameter: 16				
Screen slot size: . 050 inches Setting depth: 1	From feet to	200 - leel		
Type of completion (circle all applicable): Eravel packed	Underreamed Telescoped Op	en hole Natural Development		
Other (describe):AND 2.8 2008				
Top of lap pipe or reduction in casing:fee				
Logs nin (circle all applicable). No log run Electric Gamm				
Name of organization running log(s):	ted in accordance with all applicab	le requirements of the Mississippi		
Department of Environmental Quality and/or the Mississi	ppi Department of Health regulation	ns and state laws.		
Pietes Well Drilling + Pump		14 0		
Print Name of Water Well Contractor and License No.	9430 Signature	of Water Well Contractor		
41257				

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State Well Report For Office Use Only: Part 1 County: Mississippi Department of Environmental Quality Aquifer: Permit #: 611 Office of Land and Water Resources Well #: P.O. Box 10631 Driller: Jackson, MS 39289-0631 L. S. Elevation: 06 (601)961-5210 Date drilling completed: (601)354-6938 (fax) E-log #: State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well. Well Location Well Owner Information Latitude: 34 . 00 ,410 " Longitude: 90 °24 · 830 Owner Name OX Method of Lat/Long (circle one): Conventional Survey Mailing Address: USGS quad, Wand-held GPS, Survey-grade GPS Twn 25 Rng 3 <u>W 1/4 Sec 27</u> State Nearest Town Direction Rome Miles <u>A</u>W of Telephone No. (____ Well Data Industrial Public Supply (Irrigation Fish Culture Other: Purpose of Well (circle one) Home 3-06 Date well drilling completed: Date well drilling started: If flowing, method of flow regulation: Valve _____ Other (describe) S - 3 - 06feet above or below (direle one) land surface Date measured: 30 Static Water Level: ____ electric tape air line steel tape other: Method of Measurement (circle one) feet Well grouted to a depth of Well depth: Hole depth: Mix Type of grout (circle one): Cement Bentonite inches Type of casing: bOCasing diameter: _ Casing length: fect Type of screen: inches Screen diameter: Screen length: feet 00 Screen slot size: _____ feet to feet Setting depth: From_ inches Underreamed Telescoped Open hole Natural Development Type of completion (circle all applicable): (Fravel packed Other (describe): _feet. If telescoped or more than one screen, describe on back of page Top of lap pipe or reduction in casing: _ Logs run (circle all applicable). No log run) Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality aud/or the Mississippi Department of Health regulations and state laws. ump Kepa a-1 a Clapping 1 Print Name of Water Well Confractor and License No. Signature of Water Well Contractor 0430 EIVED SEP 11 2006 Jog BY: OI WR

If well telescopes please sketch below and show depths.

round Level	Description of Formations Encountered	From	Ŧ
2000 - 2011 - 2012 - 20	Clay	10	V:
	fine SAR 15-25	25	É
	COURSE SAND & GRAVE	25	40
		+	<u> </u>
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f more than one screen, show location of each on sketch			

4) indicate direction.

Landowner Name:

Signature of Water Well Contractor

RECEIVED SEP 11 2006 **BY: OLWR**

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Conty: Charle or definition of the second of the secon	STATE WELL REPORT				
Prenet IG (L) 4/12.5.7 With State Resources Deter	County: (Pahama			For Office Use Only:	
Deter:		Pump Installer's Mississippi Department	s Completion Report t of Environmental Quality	Aquifer:	
Date completed:		Office of Land a	nd Water Resources		
Correctionmation from Market an Brot 1 (60) 1354-6938 (Gx) Enverting				Well #:	
Latter total installer: This per of fue and both parts field with the Dependence of the above differes within 30 days of well complete. Proper must be cateched and both parts field with the Dependence of the above differes within 30 days of well complete. Well Levelde. Owner Name. Chr.'s LiveLy Latitude 34 DO 470 (congitude: 90 29 530) Mailing Address. R+1 Box 574 Mailing Address. R+1 Box 574 Tot-builler Mill States State 200 470 (congitude: 90 29 530) Tot-builler Mill States State 200 470 (congitude: 90 29 530) Tot-builler Mill States Mill States Mill States State Tot-builler Mill States Mill States Mill States Mill States Tot-builler Mill States Distance Direction Neurest Town Zill Mill States Mill States Distance Direction Neurest Town Zill Mill States Mill States Booket Booket Booket Booket Booket Neurest Town Date Peop Installed: S - 17 · O.b States Mill Addettow States Mill States <td></td> <td></td> <td></td> <td>Elevation:</td>				Elevation:	
Propert must be attacked and both perior file with the Department of the above address within 30 and of all and compared. Well Conservations Owner Name: Chr.is LiveLy Mailing Address: R+1 BDX 57.4 Mailing Address: Mail State State 57.4 Mailing Address: Mail State State State Telephone No. (M2, 1 (27) State State State Pamp Type Circle one Nameer Type Circle one Nameer Type Circle one Turbins Electric Motor Hand Treactor PTO Mailer (specify):					
Well Owner Information Well Deadem Owner Name Chr.'s LiveLy Mailing Address: R+1 Box 574 Mailing Address: R+1 Box 574 Tu+wikz MSS 35943 City State 240 Code Telephone No. (U2) L24 SUBAR Pamp Type Circle one Netword ICB Air Lift Let Submerible Backet Piston Turbine Ceathingal Rotary Flowing Well Other (specify): S-17.06 Rade Pump Capacity: Z 0.0 Gallous Per Minute Pump Test/Data Minute Other (specify): Bate Pump Capacity: Z 0.0 Gallous Per Minute Pump Test/Data Method of Measuing Water Lared Citle One Air Line Electric Measuring Line Steed Trpo Other (specify): Get Bolow Land Surface Air Line Electric Measuring Water Lared Data Pump Installed: 3.0 Feet Below Land Surface For Borwing well, measured shut in heat: feet Pump Test/Data	This part of the report must be completed	by a licensed water well of with the Department of	contractor or a licensed pump it t the above address within 30 du	istaller. A copy of Part I of the us of well completion.	
Image: State Image: State <td< td=""><td>Well Owner Informati</td><td>ion</td><td>Wel</td><td>Location</td></td<>	Well Owner Informati	ion	Wel	Location	
Image: State Image: State <td< td=""><td></td><td>/</td><td>Latitude: <u>34 00 470</u></td><td>Longitude: <u>90 29 830</u></td></td<>		/	Latitude: <u>34 00 470</u>	Longitude: <u>90 29 830</u>	
Tuttin Ir Ins. 38963 City State Zip Code Telephone No. U.2.1. State Pamp Type Distance Direction Circle one 2.//. Miles J.W. of	Mailing Address: R+ 1 BOA				
City State Zip Code Telephone No. (1/2) 1/21/. \$1/668 Distance			USGS quad Hand-held	GPS, Survey-grade GPS	
Telephone No. (42) 624-8668 Distance Direction Nearest Town 2'// Miles J// Miles J// Miles J// Miles Down Air Lift Let Submersible Dieset Engine Restered Town Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):	Tutwiler M	Tutwiler MS 38963 1/4 1/4 Second		TILSNR SW	
Pump Type Circle one Power Type Circle one Air Lift Jet Submersible Booket Piston Turbine Booket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):					
Gircle one Circle one Air Lift Jet Subcersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Windmill Other (specify):	Telephone No. (162) 624 - 8	668	2 14 Miles NW o	<u> </u>	
Gircle one Circle one Air Lift Jet Subcersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Windmill Other (specify):	Deres Trees		Pa	Ter Type	
Bucket Piston Turbine Bucket Piston Turbine Bucket Piston Turbine Bucket Piston Turbine Contrifugal Rotary Flowing Well Other (specify):				ircle one	
Docket Fisch Centrifugal Rotary Flowing Well Windmill Other (specify):					
Other (specify):	Bucket Piston (
Date Pump Installed: 8-17-06 Setting Depth: 70 feet Rated Pump Capacity: 2200 Gallons Per Minute Number of Stages: 700 feet Number of Stages: 700 feet Mumber of Stages: 700 feet Date Well Tested: Number of Stages: 700 feet Mumber of Stages: 700 Static Well Tested: Mumber of Stages: 700 feet Method of Measuring Water Level Static Weter Level (A): 30 Feet Below Land Surface Air Line Electric Measuring Line Steel Tape Drawdown (B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: feet Drawdown (B) - (A)]: Gallons Per Minute For flowing well, measured shut in head: feet Duration of Pump Test (minimum 4 hours): bours feet after hours of pumping HEREBY CERTIFY that the above statements are true to the best of pre througledge. Mumber of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1B Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1B SEP 1 2006 SEP 1 2006		Flowing Well			
Rated Pump Capacity: 2200 Gallons Per Minute Number of Stages: 100 Pump Test Data Method of Measuring Water Level Gircle one Gircle one Static Water Level (A): 30 Feet Below Land Surface Air Line Electric Measuring Line Steel Tape Pumping Water Level (B): Feet Below Land Surface Air Line Electric Measuring Line Steel Tape Other (specify):					
Pump Test Data Method of Measuring Water Level Date Well Tested:					
Date Well Tested:	Rated Pump Capacity: 2200	Gallons Per Minute	Number of Stages: 7		
Date Well Tested:	Pump Test Data		-		
Static Water Level (A): 30 Feet Below Land Surface 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 yielded feet feet Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping I HEREBY CERTIFY that the above statements are true to the best of per knowledge.	Date Well Tested			ircle one	
Pumping Water Level (B):Feet Below Land Surface Other (specify):			Air Line Electric Mer	suring Line Steel Tape	
Pumping Water Level (B):Feet Below Land Surface For flowing well, measured shut in head:feet 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	Static Water Level (A): Feet	Below Land Surface	Other (specify):		
In a wood with ((b) = (x)).	Pumping Water Level (B):Feet 1	Below Land Surface			
Duration of Pump Test (minimum 4 hours):hours	Drawdown [(B) - (A)]:Feet	Below Land Surface	-		
I HEREBY CERTIFY that the above statements are true to the best of nov knowledge. DAUID P. HOLT 0-752P Print Name of Pump Installer and License No. (if applicable) Form: OLWR-SWR-1B RECEIVED SEP 1 1 2006	Test Pumping Rate:	Gallons Per Minute			
DAUID P. HOLT O-752P Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1B RECEIVED SEP 1 1 2006	Duration of Pump Test (minimum 4 hours):	hours	fect after	hours of pumping	
DAUID P. HOLT O-752P Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1B RECEIVED SEP 1 1 2006			5	311/1	
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1B RECEIVED SEP 1 1 2006		/	of my knowledge.	1 Jost	
SEP 1 1 2006			Signature of Pump In		
SEP 1 1 2006					
				SEP 1 1 2006	
				BY: OLWR	