Sta	ate Well Report	
county: Covington Par	t 1 – Driller's Log	
Mississinni Der	partment of Environmental Quality Aquifer	
	Land and Water Resources P.O. Box 2309 Well #: <u>A-95</u>	
Driller: JAMES WELLS	Laskaan MC 20225	
Date drilling completed: 11-3-08	(601)961- 5210 L. S. Elevation:	
Date drilling completed: 1-0-00 (601)961- 5228 (fax) E-log #:	
State I am neguines that this yeap out he propayed by		
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)		
Owner Name J. W. Brewer Sr.	Latitude:° Longitude:°"	
	Method of Lat/Long (circle one): Conventional Survey,	
Mailing Address: 154 Cherry Bridge	<u>a</u> ,	
/ 0	USGS quad, Hand-held GPS, Survey-grade GPS	
$\alpha_{1} = \alpha_{1} = \alpha_{1$	$\frac{1}{1} \frac{1}{4} \frac{1}{4} \operatorname{Sec} \frac{1}{1} \operatorname{Twn} \frac{9N}{2} \operatorname{Rng} \frac{7W}{7W}$	
11)1.01:ce 11/5 37/19		
City State Zip Code	Distance Direction Nearest Town . Miles of Miles	
Telephone No. (601) 797-3402		
Wei	I / Borehole Data	
Date drilling started: 11-3-08 Date drilling completed: 11-3-08 Hole depth: 90 Hole diameter: 7'/3"		
Location of the source of any surface water used for drilling:	1 41	
Method of dosing and volume of Chlorine used in drilling at	nd development: https://www.selimburger.com	
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:		
Name of organization running log(s):		
Purpose of borehole (check one): Water Welk Geotechnical/Geological Investigation Ground Source Heat Pump		
Solomia Sumary Other (describe)		
Seismic Survey Other (describe) If drilling is not related to water well construction, 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 Other (describe)		
Static Water Level:feet above on below (circle one) land surface Date measured:		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth: 9D Well grouted to a depth of 1D feet Type of grout (circle one); Neat Cemen Bentonite Mix		
Casing length: 70 feet Casing diameter: 4 inches Type of casing: PUC		
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>		
Screen slot size: <u>.008</u> inches Setting depth: From <u>70</u> feet to <u>90</u> feet		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open 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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A-45

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)
topsril	Ground Level	a
day		30
sand	30	90
		<u> </u>
	1	
		-
		1
		+
		+
		+
		+
· · · · · · · · · · · · · · · · · · ·	+	+
		+
		<u> </u>
		1

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.

J.W. Brewer St. Landowner Name:

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

JAMES WELLS 0.586

James Walls

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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STATE WELL REPORT			
Permit #: Mississippi De Driller: <u>JAMES WELLS</u> Date completed: <u>]]-3-08</u> <u>Copy information from block on Part 1</u>	Part 2staller's Completion Reportpartment of Environmental Qualityf Land and Water ResourcesP.O. Box 2309Jackson, MS 39225(601)961-5210(601)961-5228 (fax)		
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	Well Location		
Owner Name: J.W. Brewer Sr.	Latitude:Longitude:		
Mailing Address: 154 Cherry Bridge Ro	Method of Lat/Long (check one): Conventional Survey,		
1 0	USGS quad, Hand-held GPS, Survey-grade GPS		
Mf.Olive MS 39/19 City State Zip Code	$\underline{}_{4} \underline{}_{4} \operatorname{Sec}_{1} \underline{}_{7} \phantom{a$		
Telephone No. (601) 797 - 3482			
Pump Type Circle one	Power Type Circle one		
	Diesel Engine Gasoline Engine Natural Gas		
	Electric Motor Hand Tractor PTO		
Bucket Piston Turbine			
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor:		
Date Pump Installed: 11.3.08	Setting Depth:feet		
Rated Pump Capacity:	ute Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 11-3.08	Circle one		
	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A):Feet Below Land Surf Pumping Water Level (B):Feet Below Land Surfa	Other (specify):		
Drawdown [(B) - (A)]:Feet Below Land Surf	ace For flowing well, measured shut in head:feet		
Test Pumping Rate:	ute Well yielded <u>30</u> GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	ursfeet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>TAMES NELLS 0-586</u> Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1B.(04/08) RECEIVE			
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