State Well Report					
County: Dexto	Part 1 – I	For Office Use Only:			
		t of Environmental Quality	Aquifer:		
Permit #:		nd Water Resources	Well #:		
Driller: Tenes w Mosar	•	Box 10631	•		
		IS 39289-0631	L. S. Elevation:		
Date drilling completed: 7-6-05	, ,	961-5210	T. 1. 4		
	[(601)35	4-6938 (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		Well or Bo	rehole Location		
(Landowner if borehole is not f	or a water well)	Taring 311 . 58 ,063	" Langitude: 89 . 46, 579"		
Owner Name Kenny Dunle	0	Latitude: 34 30 03	" Longitude: 89 º 46 , 5 19"		
		Method of Lat/Long (circle or	ne): Conventional Survey,		
Mailing Address: LOT 54 pl		USGS quad. Mand-held	GPS, Survey-grade GPS		
pleasant sub	الرن زءما				
<u>pleasant sub</u> citive blanch N City Sta	15 38654	NE 1/20 1/2 Sec 30	$_{\text{Twn}}$ /5 $_{\text{Rng}}$ 5 ω		
City Sta	te Zip Code	Distance Direction	Nearest Town		
Telephone No. (901) 490 - 3066		1314 Miles N/W	of housey coner		
receptione No. () () () ()					
Well / Borehole Data					
Date drilling started: <u>) ー い</u> Date d	rilling completed:	Hole depth: 315	Hole diameter: 8		
Location of the source of any surface water used for drilling:					
Method of dosing and volume of Chlorir	e used in drilling and deve	lopment:	Photo:		
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 Well Geotechnical/Geological Investigation Ground Source Heat Pump					
Seismic Survey Other (describe)					
Seismic Survey Other (describe)					
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:					
Method of Measurement (circle one) steel tape electric tape air line other: String / weight					
Well depth: O15 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 305 feet Casing diameter: 4 inches Type of casing: poc					
Screen length: (O feet Screen diameter:					
Screen slot size:					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
1	Other (describe):				

Top of lap pipe or reduction in casing: _______feet. <u>If telescoped or more than one screen, describe on next page</u>

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The sketo	ch 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)
clay dirt.	Ground Level	30
goel	30	50
Blue clay	50	90
Ich soul	90	130
white clay	130	160
while soud	160	315

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

Pleaset core Pleaset core S	Sketch the	oroperty layout and inc aid in locating the w 4) a north arrow.	clude the following: 1) to rell; 3) any roads, power	the well location; 2) and r lines, or other items t	y permanent structures on th hat may aid in locating the p	e property that may roperty and the well;
			Hoxx	المسار		
	\ \footnote{\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		A CONTRACTOR OF THE PARTY OF TH	pleasat	C+ 24	E
5						
Landowner Name: Ferry Durlop.	Landowne	· Name· Kensi N	S. Aviden		الع الم	

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.		\bigcirc
Jones u. Mosa	8-1-05	Jos v. Non.
Distriction of The Property of	Data	Signature of Licenses

Print Name of Responsible Licensee and License No.

Date

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STATE WELL REPORT

County: Desate Permit #:

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:			
Aquifer:			
Well#: D-103			
Elevation:			

		Sox 10631	Well #: D-103	
Date completed: 7-7-05		IS 39289-0631 961-5210		
Copy information from block on Part 1		4-6938 (fax)	Elevation:	
This part of the report must be completed report must be attached and both parts fi				
Well Owner Informa			l Location	
Owner Name: Kenny Dunlap		Latitude: 34.58,063 Longitude: 87,46,519		
Mailing Address: LOT 54 plea	sout cove	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
pleasant sub	diaises.			
City State	, 38654	NE 1/2 500 1/4 Sec 30	5 T 15 R Sw	
City State	Zip Code	Distance Direction Nearest Town		
Telephone No. (901) 490 - 3066		1314 Miles w/w o	fhouly corner	
Pump Type Circle one			wer Type ircle one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas	
Bucket Piston	Turbine (Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):	
Other (specify):		Horse Power Rating of Motor	: 314	
Date Pump Installed:		Setting Depth:	O'feet	
Rated Pump Capacity: Gallons Per Minute		Number of Stages:		
Pump Test Data	<u> </u>	Method of Me	easuring Water Level	
-		C	Circle one	
Date Well Tested: 7-7-05 Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface		Air Line Electric Mea	asuring Line Steel Tape	
		Other (specify): String	(unergut	
		For flowing well, measured s	hut in head: レA feet	
Drawdown [(B) – (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute		Well yielded (2	GPM with a drawdown of	
		Well ylolded	hours of pumping	
Duration of Pump Test (minimum 4 hours):hours		PA_feet after_	nours of pumping	
I HEREBY CERTIFY that the above state	ements are true to the best of	of my knowledge.	•	

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.	
Jours w. Mosu-	Gam w. Man	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
	Form: OLWR-SWR-1B RECEIVED	

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