0	State wen Keport	F Off II O-I						
County: 1)esal0	Part 1 – Driller's Log	For Office Use Only:						
Permit #:	Mississippi Department of Environment							
Driller: James w. Mosan.	Office of Land and Water Resour P.O. Box 10631	well #: <u>D-125</u>						
	Jackson, MS 39289-0631	L. S. Elevation:						
Date drilling completed: 5-95-06	(601)961-5210	Zi di Zievalieni						
	(601)354-6938 (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 Borehole Location							
(Landowner if borehole is not fo	or a water well)	Latituda 34 . 5 7 . 927 " Langituda 89 . 46 . 485"						
Owner Name Kenny Ounle	Eathude: 5 1	Latitude: 34 · 57 · 907 " Longitude: 89 · 46 · 485"						
Mailing Address: Lot 28 Thomps	Method of Lat/L	Method of Lat/Long (circle one): Conventional Survey,						
P • • • • • • • • • • • • • • • • • • •		, Hand-held GPS Survey-grade GPS						
	Nw 1/2 Sw 1	4 Sec_36 Twn 15 Rng Sw						
City Sta	<u>15 38654 — — — — — — — — — — — — — — — — — — —</u>							
City Sta	te Zip Code Distance	Direction Nearest Town NW of handy Corner						
Telephone No. (901) 490- 306		10 Manay Corne						
-								
Well / Borehole Data								
Date drilling started: 5-35-06 Date drilling completed: 5-35-06 Hole depth: 310 Hole diameter: 6314								
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development:								
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 WellGeotechnical/Geological Investigation Ground Source Heat Pump								
Seismic SurveyOther (describe)								
If drilling is not related to water well construction, skip the remainder of this block								
Purpose of Well (check one): HomeI	ndustrialPublic SupplyIrrigation	Fish Culture Other:						
If a flowing well, method of flow regulation: Valve Other (describe)								
Static Water Level: 99 feet above of below (circle one) land surface Date measured: 6-1-06								
Method of Measurement (circle one) steel tape electric tape air line other: String lucigut								
Well depth: Well grouted to a depth of feet Type of grout (circle one): Neat Cement Bentonite Mix								
Casing length: 190 feet Casing diameter: 4 inches Type of casing: puc								
Screen length: 30 feet Screen diameter: 4 inches Type of screen: 00 C								
Screen slot size: 010 inches Setting depth: From 190 feet to 310 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:

Form: OLWR-SWR-1A

feet. If telescoped or more than one screen, describe on next page

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BY: OLWR

From (depth) To (depth)

BY: OLWR

Ground Level 30 30 65

30

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

Description of Formations Encountered

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ı						
If more than one screen, show	location of each on sketch					
				41	-4-4	
Sketch the property layout and inc	lude the following: 1) the w	ell location; 2) ar	y permanent structures on	the proper	rty that may	y 11.
	ell; 3) any roads, power line	es, or other items i	that may aid in locating the	property	and the we	11;
4) a north arrow.						
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Landowner Name: Kerry	$\cdot \cap \cdot \cdot$					İ
Landowner Name:	(Don (ep					
	·			F	orm: OI W	R-SWR-1A
I certify that the well/borehole w	ne drillad constructed on	d completed in a	ccordance with all annlics			
Mississippi Department of Envir	onmental Quality and the	Mississippi Depa	artment of Health regulat	ions, if ar	oplicable, a	ind state
laws.						
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Jones W. Moson	0.000	0000		1	_	
Print Name of Responsible Licen	see and License No.	Date	/ Signature of Li	censee	REC	EIVE
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					JUN	26 2006

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

STATE WELL REPORT County: Desato For Office Use Only: **Pump Installer's Completion Report** Permit #: Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources Driller: Jones w. Mosa P.O. Box 10631 Well #: Jackson, MS 39289-0631 Date completed: 6-1-06 (601)961-5210 Elevation: (601)354-6938 (fax) Copy information from block on Part 1 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: Kenny Latitude: 34.57, 927 Longitude: 89.46. 485 Method of Lat/Long (check one): Conventional Survey Mailing Address: Let 28 Thompson USGS quad ____, Hand-held GPS ___, Survey-grade GPS Nw 1/5 w 1/8 Sec 30 T 15 R 5w Distance Direction Nearest Town Telephone No. (481) 490-3066 1 18 Miles NW of Mandy corner **Pump Type Power Type** Circle one Circle one Submersible Air Lift Jet Diesel Engine Gasoline Engine Natural Gas Bucket Piston **Turbine** Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: 3/4 Other (specify): _ Date Pump Installed: 6-1-06 190 Setting Depth: 11 Rated Pump Capacity: (3 Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 6-1-06 Air Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): String / weigh Pumping Water Level (B): $\nearrow A$ Feet Below Land Surface Feet Below Land Surface For flowing well, measured shut in head: 12 Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

FOR ECOSWED

JUN 26 2006

BY: OLWR