State Well Report				
1 7	art 1 – Driller's Log	For Office Use Only:		
Mississippi D	Department of Environmental Quality	Aquifer:		
Permit #: Office	of Land and Water Resources	Well #: E-96		
Driller: Janes 42. Moson	P.O. Box 10631	Well #:		
Date drilling completed: $3-17-07$	ackson, MS 39289-0631	L. S. Elevation:		
Date drilling completed: 9-17-07	(601)961-5210			
	(601)354-6938 (fax)	E-log #:		
State Law requires that this report be prepared Department at the above address within 30 day	s of completion of drilling of the well	or borehole.		
Information on Well Owner		rehole Location		
(Landowner if borehole is not for a water well)	Latitude: 34 . 53 . 334	" Langituda 90 . 08 . 588"		
Owner Name P-P Builders	Latitude	Longitude: V 308		
Mailing Address: 8737 Boker rd.  Method of Lat/Long (circle)		" Longitude: 10 • 08 , 588" e): Conventional Survey,		
Lot 3	USGS quad, Hand-held			
Lake Cormorant MS 38641 NE 1/2 NW 1/2 Sec 27 Twn 25 Rng 90				
City State Zip Co	ode Distance Direction	Nearest Town		
Telephone No. (961) 383-0893	33/4 Miles N E	Nearest Town of Eudorg		
Well / Borehole Data				
Date drilling started: 2-17-67 Date drilling completed: 2-17-67 Hole depth: 133' Hole diameter: 63/4				
Location of the source of any surface water used for drilling Method of dosing and volume of Chlorine used in drilling	ng: アA and development: <u>ル</u> A			
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 Geotechi	nical/Geological Investigation Ground	Source Heat Pump		
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: ValveOther (describe)				
Static Water Level: 58 feet above or below circle one) land surface Date measured: 2-32-07				
Method of Measurement (circle one) steel tape electric tape air line other: 5tring   weight				
Well depth: 138 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: feet Casing diameter: inches Type of casing: poc				
Screen length: 30 feet Screen diameter: 4 inches Type of screen: puc				
Screen slot size: , 010 inches Setting depth: From 112 feet to 132 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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The sketch below only required for water wells	<u>Description of formations encountered</u> wells and boreholes, unless specificall		
If well telescopes, show depths on sketch.  Ground Level	Description of Formations Encountered	From (depth)	To (depth)
	clay dirt	Ground Level	65
		65	128
	Blue clan	128	135
			-
		+	
			+
	-		
		+	
		+	
		<del>                                     </del>	

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

Sketch the property layout and in aid in locating the way a north arrow.	clude the following: 1) the well location; 2) any permanent structures on the property that vell; 3) any roads, power lines, or other items that may aid in locating the property and the contraction of the property and the contraction of the property and the contraction of the property and the property and the contraction of the property and the	at may be well;
3		(
Landowner Name: P-P	Builders C	

Form: OLWR-SWR-1A

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

Mississippi Department of Environn	nental Quality a	nd the Mississippi De	partment of Health r	egulations, if applicab	le, and state
laws.	0-620	3-6-07		, , , , , , , , , , , , , , , , , , , ,	

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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### STATE WELL REPORT

# County: Desato Permit #: Driller: To se w. Mosan

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

For Office Use Only:		
Aquifer:		
Well #:	E-96	
Elevatio	n:	

22 42	Jackson, MS 39289-0631		Well #: <u>2 - 96</u>	
Date completed: 'るっする・6フ	(601)961-5210		Elevation:	
Copy information from block on Part 1	(601)354-6938 (fax)		Licvation.	
This part of the report must be completed report must be attached and both parts fil	by a licensed water well c ed with the Department a	contractor or a licensed pump in t the above address within 30 da	staller. A copy of Part 1 of the ys of well completion.	
Well Owner Information			Location	
Owner Name: P-P Builde	<u>rs</u>	Latitude: 34 · 53 · 234	Longitude: 90.08, 588	
Mailing Address: 8737 Boker	· · · · · · · · · · · · · · · · · · ·	Latitude: 34 S.3, 234 Longitude: 90.08, 588  Method of Lat/Long (check one): Conventional Survey,		
Lot 3		USGS quad, Hand-held	USGS quad, Hand-held GPS, Survey-grade GPS	
Lake Cormorant City State	MS 38641 Zip Code	NE 1/2 NW 1/2 Sec 2	1 25 R 9W	
Ť	•		Nearest Town	
Telephone No. (201) 383-089	7	33/4 Miles NE of	probu3_7	
Pump Type Circle one			ver Type rcle one	
Air Lift Jet	Submersible		e 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:	3/4	
Date Pump Installed: 3 - 33-07		Setting Depth: 80	feet	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	<u> </u>	
Pump Test Data			asuring Water Level	
Date Well Tested: 2-33-07		Ci	ircle one	
		Air Line Electric Mea	suring Line Steel Tape	
Static Water Level (A): Fee		Other (specify): 5thing	lweight	
Pumping Water Level (B):Feet		\		
Drawdown [(B) – (A)]: Feet	t Below Land Surface	For flowing well, measured sh	nut in head: NA feet	
Test Pumping Rate:	_Gallons Per Minute	Well yielded 12	_	
Duration of Pump Test (minimum 4 hours)	: 24 hours	feet after _	hours of pumping	
		1		
1				

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
Jones W-Mason 0-630	Goo w. Moon
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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