	<sub>1</sub> State w	eli Keport	·· ····-	
County: Dexto	Part 1 – Driller's Log		For Office Use Only:	
county. DC 316	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:		and Water Resources	Well #: K- 246	
Driller: Jones W. Moson.	P.O. Box 10631		Well #:	
	Jackson, M	1S 39289-0631	L. S. Elevation:	
Date drilling completed: 8-10-06		961-5210		
	(601)35	4-6938 (fax)	E-log #:	
State Law requires that this report Department at the above address	rt be prepared by the lic within 30 days of comp	ense holder responsible for i letion of drilling of the well	the work and filed with the or borehole.	
Information on Well (	Owner		rehole Location	
(Landowner if borehole is not fo	or a water well)	Du . ila		
Owner Name Jimmy Kimbe	elve	Latitude: 34 ° 99 '783	" Longitude: 10 ° 02 '242"	
Mailing Address: LOT 24	•	Method of Lat/Long (circle or	Longitude: 10 00 100 100 100 100 100 100 100 100	
Lonner Form		USGS quad, (Hand-held	GPS, Survey-grade GPS	
		SW 1/5 SW 1/5 Sec 11)	Twn 3 s Rng 8w	
Hernondo Mo City Sta	s. 38437			
City Sta	te Zip Code	Distance Direction  Old Miles	Nearest Town	
Telephone No. (Gal) 212 - 53	~	J'(8 Miles E	of trees corner	
reteptione No. (100) 2 (22 )	<u> </u>			
	Well / Bore	hole Data		
Date drilling started: 8-10-06 Date drilling completed: 8-10-06 Hole depth: 85' Hole diameter: 63(4				
Location of the source of any surface water used for drilling:				
Logs run (circle all applicable): log run Electric Gamma Ray Density Sonic Neutron Other:  Name of organization running log(s):				
Purpose of borehole (check one): Water W	ell Geotechnical/Geole	ogical Investigation Ground	Source Heat Pump	
			<b>.</b> ——	
Seismic Survey Other (describe)  If drilling is not related to water well construction, skip the remainder of this block				
_				
Purpose of Well (check one): HomeI	ndustrial Public Supply	Irrigation Fish Culture	Other:	
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 38 feet above or below (circle one) land surface Date measured: 8-13-06				
Method of Measurement (circle one) steel tape electric tape air line other: String ( weight.				
Well depth: 85 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:				
Screen length: <u>3</u> feet Scre	en diameter:	inches Type of screen:	PUC	

Setting depth: From 65 feet to

Telescoped Open hole

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

Screen slot size: . . . . . . . inches

Top of lap pipe or reduction in casing:

Type of completion (circle all applicable): Gravel packed Underreamed

Other (describe):

Form: OLWR-SWR-1A

feet

Natural Development

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The sketch below only	y required	for	water	wells

If well telescopes, show depths on sketch.

Ground Level.

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

Description of Formations Encountered	From (depth)	To (depth)
clay dist. white clay growl	Ground Level	28
white clay	9હ	45
arove!	45	85-
3		
		İ

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

Sketch the property layout ar aid in locating 4) a north arrov	d include the following: 1) the well location the well; 3) any roads, power lines, or other v.	n; 2) any permanent structures on the items that may aid in locating the p	ne property that may property and the well;
5	Nouse		2
Landowner Name:	inny Kimberlyn		

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 laws.

Jones a. Mosa. 0-620 8-7-0

Print Name of Responsible Licensee and License No.

8-5-06 Date

Signature of Licensee

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## STATE WELL REPORT

## County: Oexoto Permit #: Driller: Jones w. Mason Date completed: 8-13-06

## Part 2

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

For Office Use Only:		
quifer:		
Vell#: K-346		
levation:		

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (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 Latitude: 34.49.983 Longitude: 90.02.292

Method of Lat/Long (check one): Conventional Survey... Owner Name: Jimmy Kimberlyn Mailing Address: COT 24 USGS quad , Hand-held GPS , Survey-grade GPS SUN 1/2 SUN 1/2 Sec ( O T 3/2 R 8W Direction Nearest Town Telephone No. (991) 212-5374 21/8 Miles E of Frees Corner **Pump Type** Power Type Circle one Circle one Air Lift Jet Submersible ) Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Rotary Centrifugal Flowing Well Windmill Other (specify): Horse Power Rating of Motor: \_\_\_\_\_3l\_4\_\_ Other (specify): \_ Date Pump Installed: 8-13-06 45 Setting Depth: Rated Pump Capacity: ( ) Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 8-13-06 Air Line Electric Measuring Line Static Water Level (A): \_\_\_\_\_\_Feet Below Land Surface Other (specify): 5tring (neight Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: \_\_\_\_\_\_\_ Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute Well yielded \_\_\_\_\_ 13 GPM with a drawdown of Duration of Pump Test (minimum 4 hours):  $\partial \mathcal{A}$  hours feet after  $\partial \Psi$  hours of pumping

LUEDEDY CEDTIEV 4. 4 4. 1.		
I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.	
Dars W. Megar	Jeso v. Man	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Form: OLWE-SWE 18 PECEIVED

SEP 11 2006

BY: OI WR