	State W	'ell Report		
County: Desete	Part 1 – Driller's Log		For Office Use Only:	
	Mississippi Department of Environmental Quality		Aquifer: 131	
Permit #:	Office of Land and Water Resources P.O. Box 2309		Well #:	
Driller: Jan w Majon	Jackson	i, MS 39225	L. S. Elevation:	
Date drilling completed: 3 - 3 - 11		961- 5210 1- 5228 (fax)		
	, ,		E-log #:	
State Law requires that this repor	rt be prepared by the lice	ense holder responsible for t	the work and filed with the	
Department at the above address Information on Well C		oletion of drilling of the well Well or Ro	or borehole.	
(Landowner if borehole is not f			- 16 Longitude: 89 . 57 . 708 "	
i i		Latitude: 9 9 9 7 7	Longitude: 6 1 6 31 ' 6 86 "	
Owner Name Ferry SII		Method of Lat/Long (circle or	ne): Conventional Survey,	
Mailing Address: 7017 Alp	hobo rd		GPS, Survey-grade GPS	
		NW 1/2 NW 1/2 Sec 32	Tun 7 5 Png (5/1)	
(<u>oldwater</u> M City Sta	5 38618	1 - 4 N & 74 Sec 3 3	Twii Nig Ou	
City Sta	te Zip Code	Distance Direction		
Telephone No. (662) 509 - 017	-1	Miles N =	of Alphaba	
Telephone I.e. (
	Well / Bore		. 1	
Date drilling started: $3 - 3 - 11$ Date dr	illing completed: 3-3-1	Hole depth: 160	Hole diameter:	
Location of the source of any surface water Method of dosing and volume of Chlorin	er used for drilling:	uA		
Method of dosing and volume of Chlorin	e used in drilling and devel	opment:		
Logs run (circle all applicable) No log ru Name of organization running log(s):		Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water W	ell Ceotechnical/Geol	ogical Investigation Ground	i Source Heat Pump	
Seismic	Survey Other (describe)		
If drilling is not related	l to water well constructio	n, skip the remainder of this bl	ock	
Purpose of Well (check one): Home L	ndustrial Public Supply	/Irrigation Fish Culture	Other:	
If a flowing well, method of flow regulation	_			
Static Water Level: feet above of below circle one) land surface Date measured: 3 - 4 - 11				
Method of Measurement (circle one) steel tape electric tape air line other: string lacight				
Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 150 feet Casing diameter: 150 inches Type of casing: put				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: 500				
Screen slot size:O Oinches Setting depth: From150feet to160feet				
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 te	lescoped or more than one scre	en, describe on next page	

Form: OLWESVIE (V 04708)

The sketch	below	only	required	for	water	wells

If well telescopes,	show	depths	on s	ketch.
Ground Level-		7		

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)
cley dich	Ground Level	25
white sad	35	35
white clay	35	60
Since!	(j C	2.5
while day	85	90
white soul.	90	160
		ļi
	<u> </u>	

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

aid in lo	yout and include the following: 1) the well cating the well; 3) any roads, power lines, of the arrow.	location; 2) any permanent structure other items that may aid in lo	uctures on the property that may ocating the property and the well;
7)	Lial Morice Land	5	
Landowner Name: _	Kerry Ellioh		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 withosow 0-620	3-18-11	Jan W Man	
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	RECEIVED

MAR 2 1 2011

BY OLWR

STATE WELL REPORT

County: Deso to Permit #: Driller: The Wason Date completed: 3-4-11 Copy information from block on Part 1

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210

(601)961-5228 (fax)

For Office Use Only:
Aquifer:
Well #:
Elevation:

This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department	contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion.
Well Owner Information	Well Location
Owner Name: Kelly Elliot	Latitude: 34, 47, 285 Longitude: 89, 57, 808
Mailing Address: 7077 Alphoba rel	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	NW 1/4 Sec 32 T 35 R GW
,	Distance Direction Nearest Town
Telephone No. (662) 509-0571	Miles NE of Alphba
Pump Type	D 7
Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas

,	Circle one					r Type le one	
Air Lift	Jet	Submersible		Diesel Engine	Gasoline l	Engine	Natural Gas
Bucket	Piston	Turbine	\langle	Electric Motor	Hand		Tractor PTO
Centrifugal	Rotary	Flowing Well		Windmill	Other (spe	ecify):	
Other (specify):				Horse Power Rating	g of Motor: _	314	
Date Pump Installed: _	3-4-11			Setting Depth:	100		feet
Rated Pump Capacity:	10	Gallons Per Minute		Number of Stages:	8		

Pump Test Data	Method of Measuring Water Level			
Date Well Tested: 3 - 4 - 11	Circle one			
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify): String (weight)			
Pumping Water Level (B):Feet Below Land Surface	Other (specify):			
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:Gallons Per Minute	Well yielded GPM_with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	feet after 34 hours of pumping			

		- Franking
I HEREBY CERTIFY that the above statements are true to the best o	of my knowledge.	
Joses J. Mar. 0-620	Jano w. Man	RECEIVED
Print Name of Pump Installer and License No. (if applicable)	/ Signature of Pump Installer	

Form: OLWR-SWR-1B (04/08) 2011