County: Desche	State Well Report Part 1 – Driller's Log		For Office Use Only:	
County: 100 3048		of Environmental Quality	Aquifer:	
Permit #:	Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631		Well #: M - 176 L. S. Elevation:	
Date drilling completed: 10-23-05	` ` '	961-5210 I-6938 (fax)	E-log #:	
State Law requires that this repo Department at the above addres	ort be prepared by the lice ss within 30 days of comp	ense holder responsible for t letion of drilling of the well	the work and filed with the or borehole.	
Information on Well Owner		Well or Borehole Location		
Landowner if borehole is not Dwner Name Mike Clork	·	Latitude: 34 • 47 • 550	L'' Longitude: $\frac{39}{37}$ $\frac{47}{37}$	

Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latinuta 34 . 47 , 550" Langitude: 89 . 47 , 942"			
Owner Name Mike Clork	Latitude: $34 \cdot 47 \cdot 550$ " Longitude: $39 \cdot 47 \cdot 942$ "			
	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: LOT 18 fox glew Subdivison	USGS quad, Hand-held GPS Survey-grade GPS			
	5ω 1/4 Nw 1/4 Sec 36 Twn 3s Rng 5ω			
Hernondo MS 38637	74 100 74 Sec 32 Twil 32 King 33			
City State Zip Code	Distance Direction Nearest Town Output Distance Direction Nearest Town Output Distance Direction Nearest Town			
701 11 11 11 17 17 17 17 17 17 17 17 17 17	MilesSE_ of			
Telephone No. (262838-6787)				
Well / Bore	hole Data			
	140' (3/."			
Date drilling started: (0-33-05) Date drilling completed: (0-33-	Hole depth: Hole diameter: 674			
Location of the source of any surface water used for drilling:	NA			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel	opment: NA-			
Logs run (circle all applicable) No log run Electric Gamma Ray	Density Sonic Neutron Other			
Name of organization running log(s):	Delisity Some Neutron Outer.			
Purpose of borehole (check one): Water Well Geotechnical/Geole	ogical Investigation Ground Source Heat Pump			
Seismic Survey Other (describe				
If drilling is not related to water well construction				
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve ρA Other (describe)				
Static Water Level:feet above or felow (circle one) l	and surface Date measured: 10-33-07			
Method of Measurement (circle one) steel tape electric tape air line other: String weight				
Well depth: 140 Well grouted to a depth offeet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 130 feet Casing diameter: 4 inches Type of casing: pcc				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: poc				
Screen slot size: CO inches Setting depth: From 130 feet to feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe): ~~ A				
Top of lap pipe or reduction in casing: feet. If tel	escoped or more than one screen, describe on next page			

Form: OLWR-SWR-1A



The sketch below only required for water wells
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If well telescopes,	show	depths	on	sketch.

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

ell telescopes, show depths on sketch.	Description of Formations Encountered	From (depth)	To (deptl
Ground Level	clay dist.	Ground Level	36
	Grael	30	60
	unité chy	60	61
	white soud	<u> </u>	140
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If more than one screen, show location of each on sketch

Sketch the property layout and inc aid in locating the w 4) a north arrow.	elude the following: 1) the well location; 2) any permanent structurell; 3) any roads, power lines, or other items that may aid in location.	res on the property that may ng the property and the well;
Landowner Name:	clork. 3	Form: OLWR-SWR-1

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.

Print Name of Responsible Licensee and License No. Date

ARL OF SWA BRULMA

STATE WELL REPORT Part 2 County: Ocseto For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources Driller: Jones W. Maser P.O. Box 10631 Well #: Jackson, MS 39289-0631 Date completed: 10-23-CT (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 Location Well Owner Information Latitude: 34.47. 550 Longitude: 29.47. 942 Owner Name: Mike Clork. Method of Lat/Long (check one): Conventional Survey____, Mailing Address: LOT 18 for Glenn Subdivision USGS quad , Hand-held GPS , Survey-grade GPS SW 1/NW 1/2 Sec 36 T 35 R 5W Nearest Town Direction 14 Miles SE of Cockrum Telephone No. (664 838 - 6787 Pump Type Power Type Circle one Circle one Gasoline Engine Natural Gas Submersible Diesel Engine Jet Air Lift **Tractor PTO** Electric Motor Hand Piston Turbine Bucket Other (specify): Rotary Windmill Flowing Well Centrifugal Horse Power Rating of Motor: 3/4 Other (specify): 08 Date Pump Installed: 10-23-05 Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: 10-33-05 Steel Tape Electric Measuring Line Air Line Static Water Level (A): 60 Feet Below Land Surface Other (specify): String fueight Pumping Water Level (B): Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B) - (A)]: Peet Below Land Surface Well vielded (2 GPM with a drawdown of Test Pumping Rate: Gallons Per Minute A hours of pumping Duration of Pump Test (minimum 4 hours): _ 34 hours NA feet after

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

Ones w Mose.

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

Signature of Pump Installer

Form: OLWR-SWR-1B