State V	Vell Report For Office Use Only:	
	Driller's Log	
	Mississippi Department of Environmental Quality Office of Land and Water Resources	
	. Box 2309 Well #:	
	Dn, MS 39225	
1 Data dulling assumpted 1 400 The 1)961- 5210 E. S. Elevatori	
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 Owner	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: 31 .25,50," Longitude: 89.19,18,"	
Owner Name_ James Kose	Method of Lat/Long (circle one): Conventional Survey,	
Mailing Address: 116 A Newell Sullivan Rd	USGS quad, Hand-held GPS, Survey-grade GPS	
	$\frac{1}{12} \frac{1}{12} \frac$	
Harth respirse MS 39401 City State Zip Code	$\underline{PC} 4 \underline{V} \underline{V} 4 \operatorname{Sec} \underline{C} \operatorname{Twn} \underline{PIC} \operatorname{Rng} \underline{I} \underline{O} \underline{W}$	
City State Zip Code	Distance Direction Nearest Town 	
Telephone No. (601) 336-547b of of of		
Well / Borehole Data		
Date drilling started: 11-6-09 Date drilling completed: 11-6-09 Hole depth: 140 Hole diameter: 71/511		
Location of the source of any surface water used for drilling: <u>Community</u> Method of dosing and volume of Chlorine used in drilling and development: <u>Shock</u>		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:		
Purpose of borehole (check one): Water Well Geotechnical/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): Home Industrial Public Supply Irrigation Fish Culture Other:		
If a flowing well, method of flow regulation: Valve Other (describe)		
Static Water Level: <u>feet above or below</u> (circle one) land surface Date measured: <u>11-6-09</u>		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one); Neat Cement Bentonite Mix		
Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PUC</u>		
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>		
Screen slot size:		
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 telescoped or more than one screen, describe on next page		
Form: OLWR-SWR-1A (04/08)		

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An requires that this report be propa (becoment at the above address within 2) (committee of borehole is not for a weather be denote if borehole is not for a weather be denoted by borehole is not for a weather by denoted by borehole is not for a weather by denoted by borehole is not f . 1

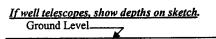
Aleurel 411 (eensb

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The sketch below only required for water wells



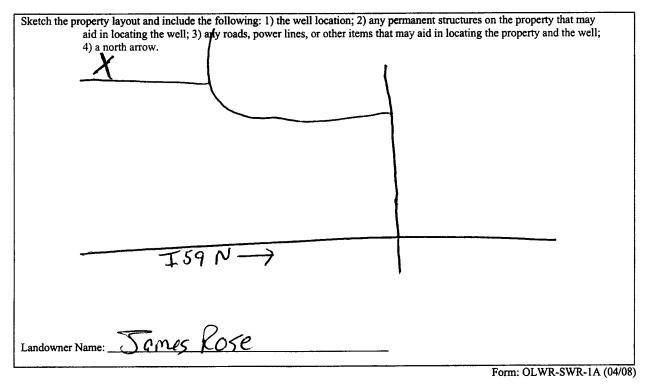
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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

B(63

Description of Formations Encountered	From (depth)	To (depth)
+0%0il	Ground Level	12
Class		90
BOSS	90	140
	T	
	1	
	1	
		-+
	+	

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



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 WELLS 0-586

Print Name of Responsible Licensee and License No.

Date

James Walls HECEIVED

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STATE WELL REPORT		
County: <u>For Nest</u> Permit #: <u>Permit #:</u> Driller: <u>JAME5</u> <u>W</u> 546 Date completed: <u>11-6-09</u> <u>Copv information from block on Part 1</u> This part of the report must be completed by a licensed wa	Part 2 installer's Completion Report Department of Environmental Quality of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-528 (fax) atter well contractor or a licensed pump installer. A copy of Part 1 of the artment at the above address within 30 days of well completion. Well Location Latitude: Latitude: Longitude: Method of Lat/Long (check one): Conventional Survey_, USGS quad, Hand-held GPS_, Survey-grade GPS_ 14_ 14 Sec_5_T_5N_R_13W	
Telephone No. ((a)) 336-5476	Distance Direction Nearest Town 	
Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):	
Pump Test Data Date Well Tested: 11-10-09 Static Water Level (A): 80 Feet Below Land Sur Pumping Water Level (B): 100 Feet Below Land Sur Drawdown [(B) - (A)]: 85 Feet Below Land Sur Test Pumping Rate: 17 Gallons Per Mir Duration of Pump Test (minimum 4 hours): 4	face Other (specify):face For flowing well, measured shut in head:feet	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>JAMES NEWS</u> 0-586 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWP SWR-1B (04/08)		

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BY: OLWP