1. ·	947			
State W	ell Report			
		For Office Use Only:		
	of Environmental Quality	Aquifer:		
Permit #: Office of Land a	nd Water Resources	Well #: K-70		
Fitzinald hill Care P.O. E	lox 10631	•		
	IS 39289-0631	L. S. Elevation:		
1 12000 carried and 1	961-5210	E-log #:		
(601)35	4-6938 (fax)	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 comp	detion of drilling of the well	or borehole.		
Information on Well Owner	Well or Bo	rehole Location		
(Landowner if borehole is not for a water well)		90.40.43.64		
a Darcolla Cara	Latitude: 1 - 20 - 54	Longitude: 10 10 100		
Owner Name Marcello Cargo.	Method of Lat/Long (circle or	Longitude: 90 · 40 · 43.5."  ne): Conventional Survey,		
Mailing Address: Saudust Rd.	<u> </u>	GPS, Survey-grade GPS		
- 4 Sec 35 Twn 6 N Rng SE		Twn & Rng SE		
City State Zip Code	Distance Direction			
	Miles	of		
Telephone No. ()				
Well / Borr	chole Data			
Date drilling started: 3-27-08 Date drilling completed: 3-27-08 Hole depth: 208 Hole diameter: 8"				
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and deve	lopment:			
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 Geotechnical/Geological Investigation Ground Source Heat Pump				
		A		
Seismic Survey_Other (describe)				
If drilling is not related to water well construction, skip the remainder of this black				
Purpose of Well (check one): HomeIndustrialPublic SupplyIrrigationFish CultureOther:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 149 feet above or below (circle one) land surface Date measured: 3-27-08				
Method of Measurement (circle one) seel taps electric tape air line other:				
Well depth: Well grouted to a depth offeet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 198 feet Casing diameter: 911 inches Type of casing: PUC				
Screen length: 10 feet Screen diameter: 4" inches Type of screen: Duc				
Screen slot size: O12 inches Setting depth: From 198 feet to 208' feet				

Type of completion (circle all applicable): Ofavel packed Underreamed Telescoped Open hole Natural Development

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

Other (describe):

Top of lap pipe or reduction in casing: \_

Form: OLWR-SWR-1A



BYOLVAR

The shetch below only required for water wells	Description of formations encountered in wells and bereholes, unless specifically	nust be provided f exempted by repu	or all ations
If well telescopes, show depths on sketch	Description of Formations Encountered		o (depth)
Ground Level	Description of Form	Ground Level	
	Cluy	20	20
	Sand	40	120
	Clay	120	160
	c/u-	160	180
	Canhi	180	190
	Course Sand	190	208
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	M 4 a		
	L & Bain.		
50	in dust RA		
Landowner Name: Marcello Cago		Form: OL	WR-SWR-
I certify that the well/borehole was drilled, constructe	ed, and completed in accordance with all applica	ble requirements	of the
Mississippi Department of Environmental Quality as	of the Mississippi Department of Health regulati	ions, if applicable	, and state
Mississippi Department of Environmental Cuanty as	0111		
Brad Fitzgarald org.	3-27-08 Bul Stylf Date Signature of Li	in a manage	
Print Name of Responsible Licensee and License No.	Date Signature of Li	K-CHSCC	

## STATE WELL REPORT

## County: Flan Klm Permit #:

Part 2
Pump Installer's Completion Report
Mississippi Department of Environmental Quality

For Office Use Only:		
Aquifer:		
Well #: K-70		
Elevation:		

1 Dailler 2017 70000 10 11011 10000	nd and Water Resources		
P.O. Jackson	D. Box 10631 n, MS 39289-0631 Well #: K-70		
1 Date completed: 22 0 7 0 1	01)961-5210		
Copy information from block on Part 1 (601)	354-6938 (fax) Elevation:		
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		
Owner Name: Marcello Carso,	Latitude: 31° 26'54.2 L'ongitude: 90° 40' 43.5°		
Mailing Address: Saudust Rd.	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Mal Creek. City State Zip Code	¼¼ SecTR		
City State Zip Code			
	Distance Direction Nearest Town		
Telephone No. ()	Miles of		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline 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:		
Date Pump Installed: 3-27-08.	Setting Depth: 180 feet		
Rated Pump Capacity: 12 Gallons Per Minute	Number of Stages: 12		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Circle one		
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B):Feet Below Land Surface	Other (specify):		
Drawdown [(B) - (A)]:Fect Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hourshours			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
Best Fitzgald ose	B. I Chill		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		

Form: OLWR-SWR-1B

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