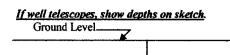
State W	ell Report	For Office Use Only:	
County: Aleone Part 1-I	Part 1 Driller's Log		
Mississippi Departmen	Mississippi Department of Environmental Quality Aquifer: 573		
	nd Water Resources Box 2307	Well #:	
Driller: / Vary J Wards Jackson			
	te drilling completed: $8 - 24 - 10$ (601)961- 5210 (601)961- 5228 (fax)		
(001)00		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)		" Longitude: 88 40 ,14 "	
Owner Name Fronk William	Latitude: 20° 21 ?	"Longitude: 0 90 11 "	
	Method of Lat/Long (circle or	ne): Conventional Survey,	
Mailing Address: 159 Elainy Dr	USGS quad, Hand-held	GPS, Survey-grade GPS	
ducedal M539452	IP 1/4 IP 1/4 Sec_ 3	Twn ISRng R7W	
City State Zip Code	Distance Direction 3 Miles	Nearest Town	
Telephone No. ()			
Well / Bore	chole Data		
Date drilling started $\frac{824-10}{12}$ Date drilling completed: $\frac{824-10}{12}$ Hole depth: <u>180</u> Hole diameter: <u>4112</u>			
Location of the source of any surface water used for drilling: NON E			
Method of dosing and volume of Chlorine used in drilling and development:			
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 ( <i>describe</i> ) 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: feet above or below (circle one) land surface Date measured:			
Method of Measurement (circle one) steel tape electric tape air line other:			
Well depth! 80 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: $176$ feet Casing diameter: 2 inches Type of casing: $PUCUO$			
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PUC wvay</u> per Screen slot size: <u>8</u> inches Setting depth: From <u>170</u> feet to <u>18</u> feet			
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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## The sketch below only required for water wells

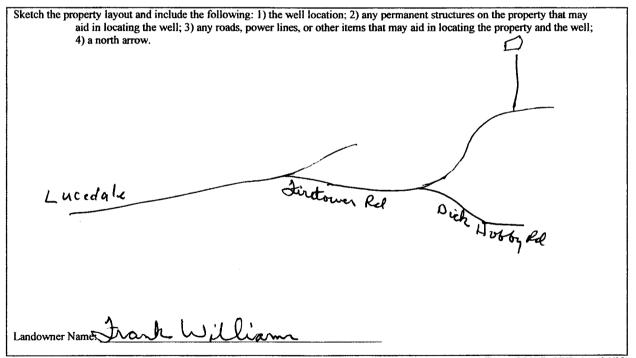


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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clan	0	8
eand	8	18
Chen.	18	85
card fine X	85	02
Clan	102	155
pand	155	180
	[	
	T	
	1	
	1	

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



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

laws. Michael Reporting 12 8"24-10 Michael Print Name of Responsible Licensee and License No. Date Signature of IRC 0

Signature of Licensee

REGEMED SEP 2 8 2010 Y-OMP

STATE WELL REPORT			
Permit #: Mississip	Part 2   np Installer's Completion Report   pi Department of Environmental Quality   fice of Land and Water Resources   P.O. Box 2309   Jackson, MS 39225   Well #:		
Copy information from block on Part 1	(601)961-5210 (601)961-5228 (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: Franh Willia Mailing Address: 159 Elaire Dr			
Mailing Address: 151 Claire Dr	Method of Lat/Long (check one): Conventional Survey,		
A . A . A . 201	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip C	$\frac{452}{14}$ $\frac{14}{14}$ Sec <u>3</u> T <u>TISR</u> <u>R</u> 2 $\omega$		
	Distance Direction Nearest Town		
Telephone No. ()	Miles N W of Central		
Pump Type Circle one	Power Type Circle one		
Air Lift (E Submersib	le Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing W	/ell Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor:		
Date Pump Installed: 8-26-10	Setting Depth: 8 0 feet		
Rated Pump Capacity: 8-12 Gallons Per	Minute Number of Stages:		
Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested:	Air Lipe Electric Measuring Line Steel Tape		
Static Water Level (A): <u>Feet Below Land</u> Pumping Water Level (B): <b>7</b> Feet Below Land	Surface Other (specify):		
Drawdown $[(B) - (A)]: - IO$ Feet Below Land			
	Gallons Per Minute Well yielded <u>B</u> GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	hours $\frac{10}{\text{feet after}}$ hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Michael R Fry Fog / 2 0408</u> Print Name of Pump Installer and License No. (if applicable) Form: CLVR-SWR-1B (04/08)			

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