A	State Well Report	
County: Deouge	Part 1 – Driller's Log	For Office Use Only:
ermit #: 0 - 780	Mississippi Department of Environmental Quality	Aquifer:
Driller: W. Joel Pierce	Office of Land and Water Resources P.O. Box 10631	Well #: ==++5
Date drilling completed: 10-17-07	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation: <u>B97</u>
	(601)354-6938 (fax)	E-log #:
State Law requires that this report	t be prepared by the license holder responsible for	
Department at the above address	within 30 days of completion of drilling of the well	ine work and filed with the
Information on Well ((Landowner if borehole is not fi	Owner Well or Bo	prehole Location

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(Landowner if borehole is not for a water well)					
Owner Name Tonuy Kline	Latitude: <u>38 ° 40 ' 645</u> " Longitude: <u>30 ° 54 ' 936</u> "				
Mailing Address: 3169 Central Fine Toren	Method of Lat/Long (circle one): Conventional Survey,				
Id	USGS quad, Hand-held GPS, Survey-grade GPS				
Cuedale MS 39452	10 1/5 1/4 Sec. 34 V Twn 25 Rng 760				
City State Zip Code	NE SW IS Distance Direction Nearest Town (
Telephone No. (601) 673 - 7342	NE SW Distance Direction Nearest Town <u>6</u> Miles <u>west</u> of <u>6</u> we cale, jus				
Well / Bore	hole Data				
Date drilling started: 12-17 Date drilling completed: 12-17					
Location of the source of any surface water used for drilling: <u>Agade</u> , us Method of dosing and volume of Chlorine used in drilling and development: <u>2000 werken</u> <u>Agad chilo-</u>					
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Logs run (circle all applicable) No log run. Electric Gamma Bay, Density, Sonic Neutron, Other				
Purpose of borehole (check one): Water WellGeotechnical/Geological Investigation Ground Source Heat Pump					
Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block					
Purpose of Well (check one): HomeIndustrial Public Supply	Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve O	ther (describe)				
Static Water Level: 2feet above of below (circle one) land surface Date measured: 12-17-07					
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>130</u> feet Casing diameter: <u>4</u>	,				
Screen length: <u>10</u> feet Screen diameter: <u>4</u>	_inches Type of screen: <u>Sch 80</u>				
Screen slot size: 6 inches Setting depth: From 6 feet to 140 feet					
Type of completion (circle all applicable): Oravel packed Under	reamed Telescoped Open hole Natural Development				
Other (describe):					
Top of lap pipe or reduction in casing:feet. If tel	lescoped or more than one screen, describe on next page				
	Form: OI W/D SW/D 1				

DEC 27 2007 BY: OLWR

		ELL REPORT	
County: \underline{Deory} Permit #: $\underline{O} = \underline{780}$ Driller: \underline{W} . $\underline{5ce} + \underline{21ere}$ Date completed: $$ <u>Copy information from block on Part I</u>	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		For Office Use Only: Aquifer: 897 Well #: 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: Tong Kline Mailing Address: 3109 Centul Fire Toney Ld		Method of Lat/Long (check on	
City State Telephone No. (60/) 673-2342	<u>39452</u> Zip Code	USGS quad, Hand-held $\underline{M} \underline{45E} \underline{4} \text{ Sec} \underline{34}$ Distance Direction $\underline{6}$ Miles $\underline{4} \underline{6} \underline{5} \underline{6}$ of	Ncarcst Town
Pump Type		Pov	ver Type

140

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	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:	12-17-0-	7	Setting Depth:	60 It line	feet
Rated Pump Capacity:	30	Gallons Per Minute	Number of Stages:	10	

Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 12-17-07	Circle one		
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): 60 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 <u>30</u> GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): 48 hours	feet afterhours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of $0 - 780$	my knowledge.
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Form: OLWR-SWR-1B
	DEC 27 2007

BY: OLWR

р. Ф The sketch below only required for water wells Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations If well telescopes, show depths on sketch. Ground Level_ Description of Formations Encountered To (depth) From (depth) Ground Level Brown France O 10 reen claus 10 100 100 140 room San If more than one screen, show location of each on sketch Sketch the property layout and include the following: 1) the well location: 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow. • WEL ereek west Huy 26 Tony Keline Landowner Name: Form: OLWR-SWR-1A 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 law 12-12-07 ()--)/ Qui Signature of Dicensee Date Print Name of Responsible Licensee and License No. DEC 27 200

BY CLME