County: <u>Seorge</u> Permit # Driller/ <u>Muky & Wake</u> Date drilling completed: 6:26:07	Well Driller Report and Well Log 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:				
State Law requires that this i 30 days of completion of drill		driller in detail and filed with					
Well Owner Information		Well Location					
Owner Name Daniel Horner		Latitude <u>30 °58 '934</u> /V Longitude <u>38 °36 '029</u> W 56 Method of Lat/Long (circle one): Conventional Survey,					
Mailing Address: 114 Davaghn RL		Method of Lat/Long (circle one): Conventional Survey,					
		USGS quad, Hand-held GPS, Survey-grade GPS					
Lucedale Mrs 39452		IR 1/ NE 1/ Sec 21 Twn T 15 Rng R 6 W					
City	City State Zip Code		Distance Direction Nearest Town <u>J/2 Miles</u> of Queuge				
Telephone No. ()		$\underline{-2^{\prime} 2} \text{ Miles } \underline{N}$	of Queenal				
	Well Data						
Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other:							
Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log Name of organization running log(s): I certify that the well was drilled, constructed	feet. I g run Electric Gamma F , and completed in accordance v	f telescoped or more than one Ray Density Sonic Neutron with all applicable requirements of th	screen, describe on back of page				
Environmental Quality and/or the Mississipp <u>Michael REcyFac</u> Print Name of Water Well Contractor If well telescopes please sketch below	and License No.	Michael	R Sufut Water Well Contractor				

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10) 23 Mar

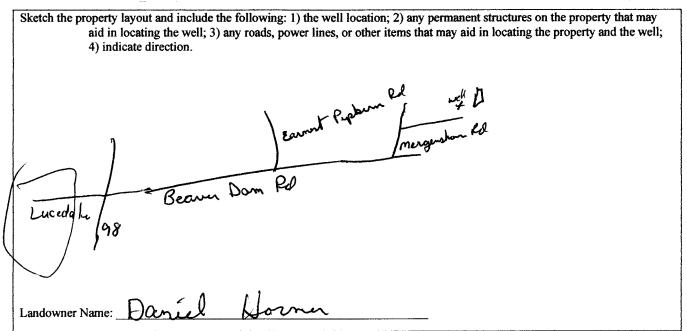
C-135

Ground Level		Description of Formations Encountered	From	То
		Cla	O	2
		Clay I can	2	17
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		sand	23	30
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If more than one screen, show location of each on sketch

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Michael Refry Signature of Water Well Contractor 0408

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		ELL REPORT				
County: Deorg 2	-	art 2 Completion Report	For Office Use Only:			
Permit #:	•	• •	Aquifer: Well #: $C - 135$			
Driller: Miks + Wale	Office of Land	nt of Environmental Quality and Water Resources				
Date completed: 6 26 07		Box 10631 AS 39289-0631	Elevation:			
	(601)	961-5210				
(601)354-6938 (fax) This report must be prepared by the pump installer in detail and filed with the Department within 30 days of						
installation of pump. A copy of Part 1 of this report must be attached to this report. Well Owner Information Well Location						
Owner Name: Daniel	, <i>i</i>					
		Latitude: <u>30-58-934N</u> Longitude: <u>088-36-029</u> N 56				
Mailing Address: 114 Day	agen RC	Method of Lat/Long (circle one): Conventional Survey,				
	<u> </u>	USGS quad, Hand-held GPS, Survey-grade GPS				
Lucedale	$\frac{MS}{State} = \frac{3945}{Zip Code}$	1/4 Sec 37 Twn T15 Rng R6 W				
City	City State Zip Code		Nearest Town			
Telephone No. ()	·····	21/2 Miles N	of Sucida			
Pump Typ Circle on			wer Type Fircle one			
Air Lift Jet	Submersible	Diesel Engine Gase	oline Engine Natural Gas			
Bucket Piston	Turbine	Electric Motor Han	d Tractor PTO			
Centrifugal Rotary	Flowing Well	Windmill Othe	er (specify):			
Other (specify):		Horse Power Rating of Mot	tor:			
Date Pump Installed: 6.26.07		Setting Depth: <u>50</u> feet				
Rated Pump Capacity:8-12	Gallons Per Minute	Number of Stages:2				
Pump Test E	Data	Method of Me	easuring Water Level			
_			ircle one			
Date Well Tested:		Air Line Electric M	leasuring Line Steel Tape			
Static Water Level (A): <u>43</u> Feet Below Land Surface (Other (specify):				
Pumping Water Level (B): 48	_Feet Below Land Surface					
Drawdown [(B) – (A)]:	_Feet Below Land Surface	For flowing well, measured shut in head:feet				
Test Pumping Rate:	Gallons Per Minute	Well yielded GPM with a drawdown of				
Duration of Pump Test (minimum 4 I	hours):hours	feet after	hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.						
Michael R Frufe		Michael	R1. ADCENEI			
Print Name of Pump Installer and Lic	cense No. (if applicable)	Signature of Pump Inst	aller			
			BY OLVE			