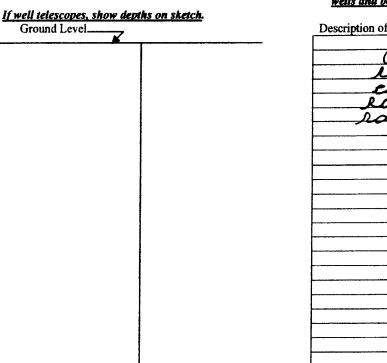
State W	ell Report	
Dert 1 I	For Office Use	Only:
	nt of Environmental Quality Aquifer:	
P.0.	Box 2307 Well #:	4 1
(001)	n, MS 39225	L. S. Elevation:
Date drilling completed: / - / - /	501-5210 1.5229 (fox)	
(001)00	E-log #:	
State Law requires that this report be prepared by the lic Department at the above address within 30 days of comp		ith the
Information on Well Owner	Well or Borehole Location	
(Landowner if borehole is not for a water well)		7
Owner Name Chip Edlins	Latitude: <u>30 ° 56 ' 01</u> " Longitude: <u>88 ° 2</u>	
Mailing Address: 2109 Beary Dam Rd	Method of Lat/Long (circle one): Conventional Surv	/ey,
_	USGS quad, Hand-held GPS, Survey-grade G	
Lucedal MS 39452	5W 4NE 4 Sec 26 Twn 15 Rng	
City State Zip Code	Distance Direction Nearest Town 7_Miles <u>E</u> of Kuccali	
Telephone No. ()	WINGS OI Mucedall	
Well / Bore		1.
Date drilling started: $7 - 14 - 09$ Date drilling completed: $7 - 19$	ℓ -4 Hole depth: $\frac{130}{130}$ Hole diameter: $\frac{4l}{130}$	h
Location of the source of any surface water used for drilling: $\underline{\mathcal{M}}$ Method of dosing and volume of Chlorine used in drilling and devel	OVE	
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:	
Purpose of borehole (check one): Water Well/Geotechnical/Geol	ogical Investigation Ground Source Heat Pump	-
Seismic Survey Other (describe		
If drilling is not related to water well constructio		
Purpose of Well (check one): Home <u>M</u> Industrial Public Supply	IrrigationFish CultureOther:	
f a flowing well, method of flow regulation: Valve O	ther (describe)	
Static Water Level: <u>45</u> feet above or below (circle one) I		
Method of Measurement (circle one) steel tape electric tape	air line other:	
Well depth: 130 Well grouted to a depth of 10 feet Type		
Casing length: 2 Casing diameter: 2	inches Type of casing PUC Vo	ン 、
Screen length: $\frac{10}{6}$ feet Screen diameter: 2°	inches Type of screen: PUC	mo
Screen slot size: inches Setting depth: From	126 feet to 130 feet	9
Type of completion (circle all applicable): Gravel packed) Under		opment
Top of lap pipe or reduction in casing:feet. If tel	escoped or more than one screen, describe on next pa	ige
	Form: OLWR-SW	R-1A (04/0
		CEIV
	JA	UG 1720
	B	Y: OLV

D149

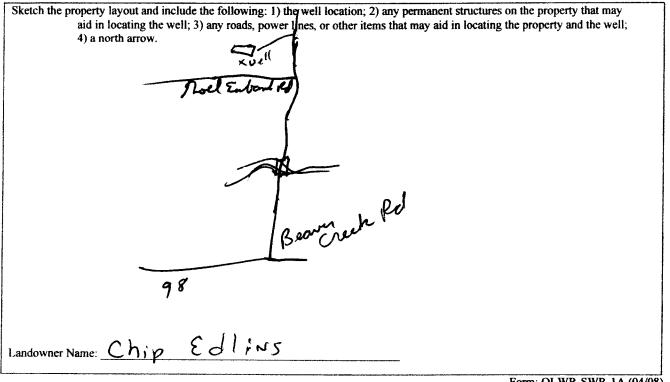
The sketch below only required for water wells



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clus	0	15
land	15	22
clan,	22	95
Rand Jun	98	103
Band Ome	105	130
	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 RFry fog / 0458 7-14-09 M ichae

Print Name of Responsible Licensee and License No.

Date

ED Signature of Licensee /

AUG 1 7 2009

BY: OLWR

	STATE W	ELL REPORT			
1.		art 2	For Office Line Only:		
County: Decry:	Pump Installer's	Completion Report	Aquiter:		
Permit #:		t of Environmental Quality	Well #: D 149		
Driller: Mily & Work		nd Water Resources Box 10631	Elevation:		
Date completed: 7-16-69		18 39289-063 l			
		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 the					
installation of pump. A co	opy of Part 1 of this report m	ist be attached to this report	L. I Location		
Well Owner In					
Owner Name: Chip	Edlina	Latitude <u>30-56-07</u>	Longitude: <u>88 - 27 - (9</u>		
Mailing Address: 2119	Beaver Dranke	Method of Lat/Long (circle	one): Conventional Survey,		
		USGS quad, Ha	nd-held GPS, Survey-grade GPS		
Linesof	M3 39452	SW & NE & Sec 26 TWN [15 Rng R5L]			
City	State Zip Code	Distance Direction Nearest Town			
Telephone No. ()		Miles of <u>durectal</u>			
A		Pa	wer Type		
Pump T Circle o			ircle one		
Air Lift	Submersible	Diesel Engine Gaso	line Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor: Hand	d Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Othe	r (specify):		
Other (specify):		Horse Power Rating of Mot	or:		
Date Pump Installed: 7-16-09		Setting Depth:7	5 feet		
Rated Pump Capacity:	Callons Per Minute	Number of Stages:	2		
Pump Tes	Pump Test Data		Method of Measuring Water Level		
Date Well Tested:			ircle one		
Static Water Level (A): 45		Air Line Electric M	easuring Line Steel Tape		
Pumping Water Level (B): 55		Other (specify):			
Drawdown [(B) – (A)]:D	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	,	/ U feet after	///2_hours of pumping		
HEREBY CERTIFY that the abo M ($\dot{Ch} Q \in I$ R^{K} Print Name of Pump Installer and I		st of my knowledge. Michael Signature of Pump Insta	AUG 1 7 2009		
			BY: OLW		

.