County: <u>George</u> Permit #: Driller: <u>Michael S. Havaid</u>	State Well Report Part 1 – Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631	For Office Use Only: Aquifer:
Date drilling completed: 8-21-09	(601)961-5210 (601)354-6938 (fax)	L. S. Elevation:

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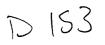
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner	Well or Borehole Location							
(Landowner if borehole is not for a water well)								
Owner Name Kenneth Davis	Latitude: $30^{\circ}58^{\circ}07^{\circ}$ Longitude: $88^{\circ}26^{\circ}23^{\circ}$							
Mailing Address: 189 Shotts Mcland	Method of Lat/Long (circle one): Conventional Survey,							
	USGS quad, dand-held GPS, Survey-grade GPS							
Lucidale MS 39452	<u>INE 12 NW. Sec TS IWN TIS Rng R5W</u>							
City State Zip Code	Distance Direction Nearest Town Miles E of Rocky Creck							
Telephone No. ((() 947-4192	Miles of Kocky Creck							
Well / Bore	Well / Borehole Data							
Date drilling started: 8-21-69 Date drilling completed: 8-2-6	9 Hole depth: <u>63</u> Hole diameter: <u>7,5</u>							
Location of the source of any surface water used for drilling:	opment:							
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 X Geotechnical/Geol	ogical Investigation Ground Source Heat Pump							
Seismic SurveyOther (<i>describe</i> Other (<i>describe</i> Other (<i>describe</i> Other (<i>describe</i> Other)))							
Purpose of Well (check one): Home X Industrial Public Supply Irrigation Fish Culture Other:								
If a flowing well, method of flow regulation: Valve O								
Static Water Level:feet above or below (circle one) I	and surface Date measured: 8-21-09							
Method of Measurement (circle one) steel tape	air line other:							
Well depth: <u>63</u> Well grouted to a depth of <u>feet</u> Type								
Casing length: <u>53</u> feet Casing diameter: <u>4</u>								
Screen length: <u>10</u> feet Screen diameter: <u>4</u>	_inches Type of screen: PVC UOP							
Screen slot size: • • • • • • • • • • • • • • • • • • •	53 feet to 63 feet							
Type of completion (circle all applicable) Gravel packed Under	reamed Telescoped Open hole Natural Development							
Other (describe):								
Top of lap pipe or reduction in casing:feet. If tel	escoped or more than one screen, describe on next page							
	Form: OLWR-SWR-1A							

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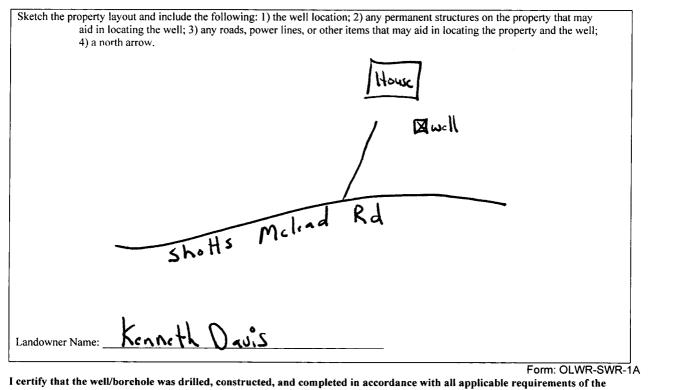


The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level 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)
Top Sand	Ground Level	5
Clan	5	12
Sand	12	33
Clau.	33	48
Sand	48	43
- · · ·		

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



Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Date

laws. 0-623 10-16-09 JAT d

Print Name of Responsible Licensee and License No.

RECEIVED Signature of Licensee

0CT 2 3 2009 BY: OLWR

County: George	Part 2 Pump Installer's Completion Report	For Office Use Only:	
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer: D153	
Driller: Michael S. Haveid	P.O. Box 10631	Well #:	
Date completed:	Jackson, MS 39289-0631 (601)961-5210	Elevation:	
Copy information from block on Part 1	(601)354-6938 (fax)		
This part of the report must be completed a report must be attached and both parts file	by a licensed water well contractor or a licensed pun ed with the Department at the above address within 3	ip installer. A copy of Part 1 of the 0 days of well completion.	
Well Owner Informat	ion	Well Location	
Dwner Name: Kenneth U.	Latitude: N 30°5-8.0	2 Longitude: W 88° 24. 21	
Mailing Address: 189 Shots	Mclind Rd Method of Lat/Long (chec	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-h	eld GPS, Survey-grade GPS	
Lucidale MS	3945 	13 TTIS R RSW	
City State	Zip Code Distance Directio		
Felephone No. (601) 947-4192	6 Miles E	of Rocky Creek	
Pump Type		Power Type Circle one	
Circle one			
Air Lift Jet 🧲	Submersible Diesel Engine Gas	soline Engine Natural Gas	
Bucket Piston	Turbine Electric Motor Ha	nd Tractor PTO	
Centrifugal Rotary		ner (specify):	
Other (specify):		otor: IHP	
Date Pump Installed: 8-24-09	Setting Depth:		
10	_Gallons Per Minute Number of Stages:	<u>}</u>	
Pump Test Data	Method of	Measuring Water Level Circle one	
Date Well Tested: <u>8-24-09</u>	Air Line Electric	Measuring Line Steel Tape	
Static Water Level (A):Feet	Below Land Surface		
Pumping Water Level (B): 40 Feet	Below Land Surface		
Drawdown [(B) – (A)]:Feet	Below Land Surface For flowing well, measure	ed shut in head:feet	
Test Pumping Rate: 25	_Gallons Per Minute Well yielded	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	- <u>4</u> hours <u>14</u> feet aft	erhours of pumping	
· · · ·			
	nents are true to the best of my knowledge.	111	
Michael S. Havered 0-67	mall	l'II-d	
Print Name of Pump Installer and License N		n Inteller	

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OCT 2 3 2009