	State W	ell Report					
Anne	State Well Report Part 1 – Driller's Log		For Office Use Only:				
County: Depice	Mississippi Department of Environmental Quality		Aquifer:				
Permit #: 0-780	Office of Land and Water Resources		Well #: E-123				
Driller: Joel Pier	P.O. Box 2307 Jackson, MS 39225		L. S. Elevation:				
Date drilling completed: 2-26-09	(601)961- 5210		L. S. Elevation:				
	(601)961- 5228 (fax)		E-log #:				
State Law requires that this report	t be prepared by the lice	ense holder responsible for	the work and filed with the				
Department at the above address Information on Well (letion of drilling of the well Well or Bo	or borenole.				
(Landowner if borehole is not for a water well)		26.53.38	K 60. UR . 6/9.				
Owner Name Nick nigel		Latitude: 23	5. Longitude: <u>88 ° 48 '</u> 869" 52				
Mailing Address: 214 Clark nugel Rd		Method of Lat/Long (circle or	ne): Conventional Survey,				
0		USGS quad, Hand-held GPS, Survey-grade GPS					
1 1 200122		5W 1/ DE 1/4 Sec 8 Twn 25 Rng OW					
(undali, no	<u>55450</u>	Nin					
City State Zip Code		Distance Direction	of Bennelsly us				
Telephone No. (601) 766 - 56	13						
	Well / Bore	hole Data					
Date drilling started: 2-26-09 Date dr	illing completed: 2-26-	64 Hole depth: 65	Hole diameter: 2				
Location of the source of any surface wat	Location of the source of any surface water used for drilling: Agula, w						
Method of dosing and volume of Chlorine used in drilling and development: <u>2006</u> Water Usel chlorine							
	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	Seismic Survey Other (describe)						
If drilling is not related	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:							
Method of Measurement (circle one) steel tape electric tape air line other:							
Well depth: <u>65</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix							
Casing length: <u>60</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Seh 40 Plostu</u>							
Screen length: <u>5</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>Sch 40 Plaste</u>							
Screen slot size: <u>10</u> inches Setting depth: From <u>0</u> feet to <u>65</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							

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Form: OLWR-SWR-1A (04/08)

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	STATE WE	LL REPORT	
County: Desue	Part 2		For Office Use Only:
· · · · · · · · · · · · · · · · · · ·	Pump Installer's	Completion Report	Aquifer:
Permit #: 0-780	Mississippi Department	of Environmental Quality ad Water Resources	
Driller: Jord Pien	P.O. E	Sox 2309	Well =: E-123
	Jackson,	MS 39225	
Date completed: 2-26-09	(601)9	961-5210 (-5228 (fax)	Elevation:
Copy information from block on Part 1	(001)901		in angles A came of Part 1 of the
	ed by a licensed water well c	ontractor or a licensed pump	days of well completion.
renard must be alluched and both parts		the above dauress within ou	ell Location
Well Owner Inform	nation A A	7.57 285	Longitude: <u>88 - 48 - 86</u> 9
Owner Name: Nick Mung			
	10 00 02	Method of I at Long (check	one): Conventional Survey
Mailing Address: 214 Clar	K Mall ICC	Method of Flat 2019 (Superiorate GPS
		USGS quad Hand-he	d GPS_, Survey-grade GPS_
/ 11	39452	JW NE 16 Sec	8 T 25 R 8W
City Stat		1	
City Stat	te Zip Code	Distance Direction	
7/1	5093	2 Miles NW	of Beneloh ne
Telephone No. (601) 766-	-3075		
			Power Type
Pump Type	e		Circle one
Circle one			oline Engine Natural Gas
Air Lift Jet	Submersible	Diesel Engine Gas	oline Engine Natural Gas
Air Lift Jet		Electric Motor Ha	nd Tractor PTO
Bucket Piston	Turbine		her (specify):
Centrifugal Rotary	Flowing Well	Windmill Ot	her (specify):
Centinugar	-	Horse Power Rating of M	otor:
Other (specify):		Horse I Contraction Contraction	Jet line feer
Date Pump Installed: 2-26 -	.09	Setting Depth:	
Date 1 unity instantos	Gallons Per Minute	Number of Stages:	3
Rated Pump Capacity:8	Gailons Per Minute		
		Method 0	f Measuring Water Level
Pump Test I			Circle one
Date Well Tested: 2-26-	09	Theorem	Measuring Line Steel Tape
			Measuring
Static Water Level (A): 3	_Feet Below Land Surface	Other (specify):	
Pumping Water Level (B): 40	_Feet Below Land Surface		
		For flowing well, measu	red shut in head:feet
Drawdown [(B) - (A)]:	_Feet Below Land Surface	0	GPM with a drawdown of
Test Pumping Rate:8	Gallons Per Minute		
TOST T uniphing to the		2feet a	fter 48 hours of pumping
Duration of Pump Test (minimum 4)	hours):		
	the here the	est of my knowledge.	
I HEREBY CERTYFY that the above			0-780
- In. V Vin	0-780	Signature of Pr	ump Installer
	cense No. (if applicable)	Signature of T	Form: OLWR-SWR-1B (
Print Name of Pump Installer and Li			and a state of a second and a second a
Print Name of Pump Installer and Li			
Print Name of Pump Installer and Li			and the second sec
Print Name of Pump Installer and Li			المجموع بالمحمد المحمد الم المحمد المحمد المحمد المحمد المحمد
Print Name of Pump Installer and Li			المجمع بالمحمد المحمد المح المحمد المحمد المحمد محمد المحمد ا

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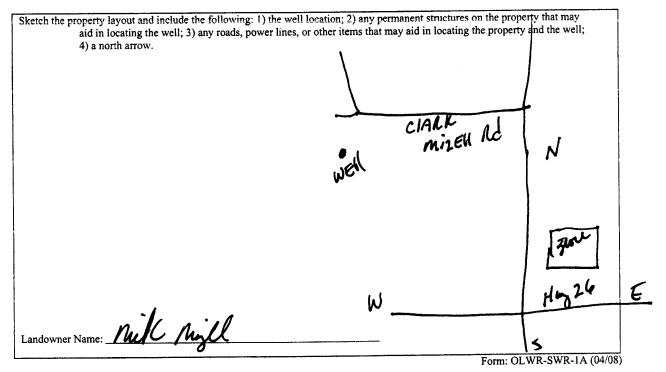
E-123

The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level <u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
A A A		
Red Sond	0	10
		1
	1	
Rut elay	10	15
- for yes		
L		1
Mauel	15	15
/ Mauex	/3	
		<u> </u>
		1
		1
		1
		1
		+
		+
	1	

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



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.

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6-780 2-26-09

Signature of Licensee

Print Name of Responsible Licensee and License No.

Date