6 7	State W	ell Report		
County: Deeres	Part 1 – <b>Driller's Log</b>		For Office Use Only:	
county.		nt of Environmental Quality	Aquifer:	
Permit #:		nd Water Resources	Well #: E - 124	
Driller: Mike + Words		Box 2307 n, MS 39225	Well#:	
		961- 5210	L. S. Elevation:	
Date drilling completed: <u>3-12 いう</u>	,	1- 5228 (fax)	T	
			E-log #:	
State Law requires that this report Department at the above address				
Information on Well O			orehole Location	
(Landowner if borehole is not fo	r a water well)	20 00 11	00 00 19	
Owner Name Lee Bradl	les	Latitude: 30 ° 52 '11	_" Longitude <u>86°49 '18 "</u>	
Mailing Address: Brad	Day 80	Method of Lat/Long (circle or	ne): Conventional Survey,	
Walling Address.	ceg Fee	USGS quad, Hand-held	GPS, Survey-grade GPS	
Lucedal NI	15 39452	SE 1/4 SE 1/4 Sec 18	$I_{\text{Twn}}$ $I_{\text{ZS}}$ $I_{\text{Rng}}$ $I_{\text{Rng}}$ $I_{\text{Rng}}$	
City Stat	e Zip Code	Distance Direction	Nearest Town of Senndal	
Telephone No. ()		i lytties	oi	
	Well / Bore	hole Data		
Date drilling started: 3-(20) Date dri			Hole diameter: 4//2	
Location of the source of any surface water Method of dosing and volume of Chlorine	used for drilling: used in drilling and devel	ON E opment:		
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water We	ell Geotechnical/Geolo	ogical Investigation Ground	Source Heat Pump	
Seismic S	urvey Other (describe)			
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): HomeIn	dustrial 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) ste	el tape electric tape	other:		
Well depth: 10 Well grouted to a dep	th of <u>fo</u> feet Type	of grout (circle one): Neat Cem	ent Bentonite Mix	
Casing length: 100 feet Casing	g diameter: 2	_inches Type of casing:	OVC waypes	
Screen length: O feet Screen				
Screen slot size: inches	Setting depth: From	100 feet to 11	<u>O</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				

Top of lap pipe or reduction in casing: \_\_

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

feet. If telescoped or more than one screen, describe on next page

The sketch below only required for water well.	The	sketch	below	only	required	for	water wells
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If well telescopes,	show	depths	on	sketch.
Ground Level.		7		

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

Description of Formations Encountered	From (depth)	Γo (depth)
_	Ground Level	
Clay	0	4
land	4	2.5
Clays	25	65
land	65	70
Clan	70	80
sand	86	110

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 strue aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the arrow.	ctures on the property that may cating the property and the well;
Bernalds  Bradles R  Bradles R  XXXII	
Landowner Name: Lee Bradley	
	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

Michael RFryfog/20408 3-12-00

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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BY: OLWR

## STATE WELL REPORT

## County: Permit #:

## Part 2

## Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309

F	or Office Use Only:
Aquifer	
Well #:	E-124
Elevatio	n:

Date completed: 3-16-09	Jackson (601)	n, MS 39225 1961-5210	Well #:
Copy information from block on Part 1	Copy information from block on Part 1 (601)96		Elevation.
This part of the report must be completed by report must be attached and both parts filed v	vith the Department a	t the above address within 30 c	days of well completion.
Well Owner Information		We	ell Location
Owner Name: Lee Brooke	<u>y</u>	Latitude:	_ Longitude:
Mailing Address: Browle	, Rd	Method of Lat/Long (check of	one): Conventional Survey,
Levedal M. City State	Zip Code	Distance Direction	Mearest Town
Telephone No. ()_		Miles	of Benndal
Pump Type		n	NWON Tune
Circle one			Ower Type Circle one
Air Lift Jet Su	ıbmersible	Diesel Engine Gasoli	ne Engine Natural Gas
Bucket Piston Tu	urbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary Fl	owing Well	Windmill Other	(specify):
Other (specify):		Horse Power Rating of Motor	r:
Date Pump Installed: 3-16.69		Setting Depth: 9	5 feet
Rated Pump Capacity: 8-15 Gal	llons Per Minute	Number of Stages:3	
Pump Test Data			easuring Water Level
Date Well Tested: 3-16-09			
	ow Land Surface	Air Line Electric Mea	asuring Line Steel Tape
Pumping Water Level (B): So Feet Belo	w Land Surface	Other (specify):	
Drawdown [(B) – (A)]: toFeet Belo	ow Land Surface	For flowing well, measured sh	nut in head:feet
Test Pumping Rate:Gal	lons Per Minute	Well yielded	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	hours	feet after_	hours of pumping
I HEREBY CERTIFY that the above statements  Michael R Four Fac 15	are true to the best of $0408$	my knowledge.  Michael	Rational
111019011111910912	0 100	11 Commercial	1 V - V V 07 -

1	HEREBY CERTIFY that the above statements are true to the best Michael R Fry Fog / E 0408	of my knowledge. Michael Ritykozl	
Pr	rint Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	a de la constante de la consta
		Form: <b>9</b> LWR-SWR-1B (04/08)	1

MAR 2 5 2009