County: Leonge
Permit #:
Driller: Muky + Wade
Date drilling completed: //- 1/-09

State Well Report

Part 1 — **Driller's Log**Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225

Jackson, MS 39225 (601)961- 5210 (601)961- 5228 (fax)

For Office Use Only: Aquifer: E 129	
Well #:	
L. S. Elevation:	
E-log #:	

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.

Department at the above address within 50 days of comp		
Information on Well Owner	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: 30 . 51 . 21 " Longitude: 88.47 05	
Owner Name James Jean		
Mailing Address: 9293 Huy 575	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Livedal Ms 3945 L City State Zip Code	NE SE Distance Direction Nearest Town i Miles S of Benefit	
Telephone No. ()		
Well / Bore	hole Data	
Date drilling started: //- 6-09 Date drilling completed: //- l/- c	,	
Location of the source of any surface water used for drilling:	1 Mil	
Method of dosing and volume of Chlorine used in drilling and devel	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 Geotechnical/Geol	ogical Investigation Ground Source Heat Pump	
Seismic Survey Other (describe	A	
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 O	ther (describe)	
Static Water Level: 126 feet above or below (circle one)	and surface Date measured:	
Method of Measurement (circle one) steel tape electric tape	(air line) other:	
Well depth: Well grouted to a depth of <u>IC</u> feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: 330 feet Casing diameter: 2 inches Type of casing: 120 40		
Screen length: 10 feet Screen diameter: 2 inches Type of screen:		
Screen slot size: 6 inches Setting depth: From 3 3 5 feet to 3 40 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. <u>If te</u>	lescoped or more than one screen, describe on next page	

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

The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level_

Description of for	mations encoun	tered must b	e provided	for all
wells and borehold	es, unless specif	ically exemu	sted by regi	ulation

Description of Formations Encountered	From (depth)	l'o (depth)
2	Ground Level	
Cha	0	3
Donal 1	7	7
Clan	7-	58
Royal	58	63
Cla	4.3	210
self of	210	245
Clas	240	3৩১
fun dans	355	310
Dard	310	340

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 structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.
Benroali 26
575
John 20
Landowner Name: James Dean 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

Fry Fog (< 0408 11-11-59 Michael K:

ble Licensee and License No. Date Signature of Licensee

Print Name of Responsible Licensee and License No.

STATE WELL REPORT Part 2

Pump Installer's Completion Report

Permit #: Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Date completed: //-/2-09

	or Office time Only:
	(\ 2CA
Aquiter:	6109
Well#:	
Elevation:	

Jackson, MS 39289-0631

(601)961-5210			
This report must be prepared by the pump installer in	4-6938 (fax) detail and filed with the Department within 30 days of the		
installation of pump. A copy of Part 1 of this report me	ust be attached to this report. Well Location		
Well Owner Information			
Owner Name: James Clan	Latitude:Longitude:		
Mailing Address: 9293 Huy 575	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Lucibal M5 39 452 City State Zip Code			
City Dunc Sup Code	Distance Direction Nearest Town		
Telephone No. ()	11/2 Miles 5 of Bennbal		
	Power Type		
Pump Type Circle one	Circle one		
Air Lift Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor:		
Date Pump Installed: /1-17 CS	Setting Depth:/ 40 feet		
Rated Pump Capacity: \$15 Gallons Per Minute	Number of Stages:		
	Method of Measuring Water Level		
Pump Test Data	Circle one		
Date Well Tested:	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): 120 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): 125 Feet Below Land Surface	Other (specify):		
Drawdown [(B) -(A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: Gallons Per Minute	Well yielded 5 GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	5 feet after / / hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of the learning of Pump Installer and License No. (if applicable)	st of my knowledge. Signature of Pump Installer		

and the second s				
1 HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
THEREDI CENTIL I dat die acove attachens are use to de	or my minemen.	$\sim \Lambda$		
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\sim 1 1 (1 C \sim 1 \sim				
ITTICAL IN LOUTE IN MOUNT		VIIII.		
11 11 11 X X 1 X Y 1 CS 1 C C TCP	LICONVUENT			
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer			
Print Name of Pump instance and circuist No. (if applicable)	Cignotic of Lattic Livings			
		\mathcal{L}		
		\$ 5 × 5 × 5 × 5		