State '	Well Report
l G	For Office Use Only:
Mississippi Departm	ent of Environmental Quality Aquifer:
	and Water Resources D. Box 2307 Well =:
Driller: Jacks	on, MS 39225
i Data drilling completed: La [C] i	1)961-5210
	61- 5228 (fax) E-log =:
State Law requires that this report be prepared by the l	icense holder responsible for the work and filed with the
Department at the above address within 30 days of con	Well or Borehole Location
(Landowper if borehole is not for a water well)	
Owner Name Hower Poff	Latitude: 30 ° 52 '551' Longitude: 88 ° 48 '578
Mailing Address: Deep creek Rd	Method of Lat/Long (circle one): Conventional Survey.
Maning . Idadess .	USGS quad, Hand-held GPS. Survey-grade GPS
0 11	NE NW Direction of Search Town
12 milah ND 37452	NE NW 17
City State Zip Code	Distance Direction searest own
Telephone No. (601) 947-5800	7
Wall / Pa	rehole Data
	- •
Date drilling started: 12-2-9 Date drilling completed: 12-	•
Location of the source of any surface water used for drilling:	gula, us water figal chilo
Logs run (circle all applicable): No log run Electric Gamma R Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotechnical/Ge	cological Investigation Ground Source Heat Pump
Seismic Survey Other (descri	(be)
If drilling is not related to water well construc	tion, skip the remainder of this block
Purpose of Well (check one): Home Industrial Public Sup	plyIrrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level:feet above or below circle on	
Method of Measurement (circle one) steel tape electric ta	
Well depth: 70 Well grouted to a depth of 10 feet T	rpe of grout (circle one): Neat Cemen Bentonito Mix
Casing length: 60 feet Casing diameter: 2	inches Type of casing:
Screen length: 10 feet Screen diameter: 2	inches Type of screen:
Screen slot size: 10 inches Setting depth: From	
Type of completion (circle all applicable): Gravel packed Un	
Other (describe):	
Top of lap pipe or reduction in casing:feet. If	telescoped or more than one screen, describe on next page

RECEIVED (04/08)

DEC 1 7 2009

BY: OLWR

STATE WELL REPORT

County: Descal Permit #: 6 - 780 Driller: Joll Pieurl Date completed: 12-7-09 Copy information from block on Part 1

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

For Office Use Only:
Aquifer: E 13
Well #
Elevation:

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information

Owner Name: Hower Aoff

Mailing Address: Deep credit (2 december of the contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Location

Latitude: 30-52-551 Longitude: 88-48-578

Method of Lat/Long (check one): Conventional Survey____.

USGS quad ____, Hand-held GPS ___, Survey-grade GPS _____.

NW 1/4 SW 1/4 Sec 17 T 25 R 8W

Distance Direction Nearest Town

Miles NW of Bemboh, NW

Miles NW of Bemboh, NW

			1		
	Pump Typ Circle one			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify): Date Pump Installed			Horse Power Ratin	g of Motor:	feet
Rated Pump Capaci		Gallons Per Minute	Number of Stages:	2	

Rated Pump Capacity:	Number of Stages:
Pump Test Data Date Well Tested: 12-7-09 Static Water Level (A):Feet Below Land Surface	Method of Measuring Water Level Circle one Electric Measuring Line Steel Tape Other (specify):
Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	For flowing well, measured shut in head:feet Well yielded

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		DEC 17 2009
Loellance 0-780 Col	Vi_	BY: OLWR
Print Name of Pump Installer and License No. (if applicable) Signatur	e of Pump Installer Fo	rm: OLWR-SWR-1B (04/08)

Description of formations encountered must be provided for all

ell telescopes, show depths on sketch.	Description of Formations Encountered From (depth)	To (dept
Ground Level	Description of Formations Encountered From (depth) Ground Leve	
T T	Glound Leve	-
	Had Source 0	10
	TOO THE STATE OF T	
	weste class 10	35
	H 1 1 3 2	-70
	while same 35	70
If more than one screen, show location of each or	1) the well location: 2) any permanent structures on the property that n	iay
li last Classics	1) the well location; 2) any permanent structures on the property that no over lines, or other items that may aid in locating the property and the vertical transfer of the property and the p	iay vell;
tch the property layout and include the following: aid in locating the well; 3) any roads, po	1) the well location; 2) any permanent structures on the property that no over lines, or other items that may aid in locating the property and the	il id
tch the property layout and include the following: aid in locating the well; 3) any roads, po	1) the well location; 2) any permanent structures on the property that nower lines, or other items that may aid in locating the property and the view of the view	iay vell;

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

Date

Print Name of Responsible Licensee and License No.

The sketch below only required for water wells

BY: OLWA

Gignature of Licens DEC