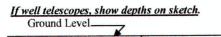
		ell Report	For Office Use Only:		
County: Devral	Part 1 – Driller's Log				
County: Devry	Mississippi Department of Environmental Quality		Aquifer:		
	Office of Land and Water Resources P.O. Box 2307		Well #: F155		
Driller: Miky + Wade	Jackson	n, MS 39225	L. S. Elevation:		
Date drilling completed: $\frac{4 - 21 - 09}{21 - 09}$		961-5210	L. S. Elevation.		
2	(001)90	1- 5228 (fax)	E-log #:		
State Law requires that this repor	rt be prepared by the lic	ense holder responsible for	the work and filed with the		
Department at the above address Information on Well (		Well or Be	orehole Location		
(Landowner if borehole is not f					
Owner Name Raymon West Mailing Address: 1/2 Quail Run Ref		Latitude: <u>30 ° 52 ' 10</u>	" Longitude: <u>88°42'01</u>		
		Method of Lat/Long (circle one): Conventional Survey,			
		USGS quad, Hand-held	GPS, Survey-grade GPS		
110 20.00		SE 1/ SE 1/ Sec 20 Twn T25 Rng R7W			
Loudal M5 39452					
City State Zip Code		Distance Direction	Nearest Town of <u>Lucedal</u>		
Telephone No. ()			on <u>Cuntando 1</u>		
	Well / Bord				
Date drilling started: $\frac{4 - 21 - 09}{1 - 21 - 09}$ Date drilling completed: $\frac{4 - 21 - 09}{1 - 29}$ Hole depth: 70 Hole diameter: 71/2					
Location of the source of any surface wate Method of dosing and volume of Chlorin	e used in drilling and deve	lopment:			
Logs run (circle all applicable): No log run Name of organization running log(s):			Other:		
Purpose of borehote (check one): Water W	ell <u> <u> <u> </u> <u> Geotechnical/Geol</u> </u></u>	logical Investigation Ground	Source Heat Pump		
Seismic	SurveyOther (describe	2)			
		on, skip the remainder of this bl	ock		
Purpose of Well (check one): Home	ndustrial Public Supply	v Irrigation Fish Culture	Other:		
If a flowing well, method of flow regulation					
Static Water Level:feet above of below (circle one) land surface Date measured:					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: $42$ Well grouted to a depth of $10$ feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: <u>32</u> feet Casin	ng diameter: 24	inches Type of casing:	PVC40		
Screen length: <u>)</u> feet Scre	en diameter:	inches Type of screen:	OV C wrappel		
Screen slot size: 10 inches					
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 te	lescoped or more than one scre	en, describe on next page		

.

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## The sketch below only required for water wells



## 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)
	Ground Level	
Clas	Ó	17
Rand	17	26
Clas	26	27
Partl.	27	42
Anavel	42	67
cla	67	70

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. David Reeven Rel Central Luceda4 260 Jest Landowner Name: Kgymon

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

laws. Gel 0408 4-21-09 Date

Signature of Licensee

Print Name of Responsible Licensee and License No.

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STATE WELL REPORT						
	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)					
Well Owner Information		Well Location				
Owner Name: <u>Paymon</u> Mailing Address: <u>JP2</u> <u>Quail</u> <u>City</u> State Telephone No. ()	MS39XSL Zip Code	Method of Lat/Long (check on	GPS, Survey-grade GPS T T Z S R R 7 W Nearest Town			
Pump Type Circle one		Ci	ver Type rcle one			
Air Lift     Jet       Bucket     Piston	Submersible	Diesel Engine Gasolin Electric Motor Hand	e Engine Natural Gas Tractor PTO			
Centrifugal     Rotary     Flowing Well       Other (specify):		Windmill       Other (specify):         Horse Power Rating of Motor:       /         Setting Depth:       /       Z ·         Number of Stages:       ?				
Pump Test Data         Date Well Tested:	Below Land Surface Below Land Surface Gallons Per Minute	Cir For flowing well, measured sho Well yielded 30	ut in head:feet			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.         Michael R Fggs/20408         Print Name of Pump Installer and License/No. (if applicable)						

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

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