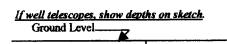
	ell Report Driller's Log	For Office Use Only:			
	t of Environmental Quality	Aquifer:			
Permit #: Office of Land a	nd Water Resources	Well #: G - 159			
	Box 10631	-			
S 2 Y Jackson, W	1S 39289-0631	L. S. Elevation:			
	961-5210 4-6938 (fax)	E-log #:			
(601)35	4-6938 (fax)	2 Ng "			
State Law requires 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.					
Information on Well Owner	Owner Well or Bo				
(Landowner if borehole is not for a water well)	Letitude: 20 . 53 . 55	" Longitude: 88. 37 , 2 20			
Owner Name Dawn Parks	Method of Lat/Long (circle or				
Mailing Address: 219 Henry Cichian Re	USGS quad, Hand-held	GPS, Survey-grade GPS			
	NIM K NET K Sec 6				
City State Zip Code	Distance Direction	Nearest Towny of Olivelar			
Telephone No. ()					
Well / Bore	Le Dota				
Date drilling started: $5 \cdot 2098$ Date drilling completed: $5 - 20 \cdot 0$ Hole depth: 105 Hole diameter: $4^{11}$ -2					
Location of the source of any surface water used for drilling:					
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Purpose of borehole (check one): Water Well Geotechnical/Geol	ogical Investigation Ground	i Source Heat Pump			
Seismic SurveyOther (describe If drilling is not related to water well construction	)	ock			
Purpose of Well (check one): Home <u>V</u> Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve O	ther (describe)				
Static Water Level:					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 105 Well grouted to a depth of 16 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: $9.5$ feet       Casing diameter: $2$ inches       Type of casing: $PVC4^{\circ}$ Screen length: $10$ feet       Screen diameter: $2$ inches       Type of screen: $PVC4^{\circ}$					
Screen length: $\underline{/O}$ feet Screen diameter: $\underline{Z}$	inches Type of screen:	5 warper			
Screen slot size: / O inches Setting depth: From _					
Type of completion (circle all applicable): Gravel packed Under					
Other (describe):					
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page					
Form: OLWR-SWR-1A					

.

- 3 - 4

JUN 0 9 2008 BY: OLWR

## 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

6-159

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Paral	$\rho$	30
Cla	30	31
Rand	31	45
roch	45	41
Cla	47	75
earl	75	105
	4	
	4	1
		<b>_</b>
	]	

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

<ul> <li>ketch 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;</li> <li>4) a north arrow.</li> </ul>
By Pass D
20
indowner Name: Dawn Park

Form: OLWR-SWR-1A 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. ryfa;/10408 3-20 - 03 Michae Date

Print Name of Responsible Licensee and License No.

Signature of Licensee

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	STATE WI	ELL REPORT			
County: <u>Leorge</u> Permit #: Driller: <u>M.4. J. Wael</u> .	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631		For Office Use Only: Aquifer: Well #:		
Date completed: 5-26-08	Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		Elevation:		
Copy information from block on Part 1 This part of the report must be completed b			installer A comp of Part 1 of the		
report must be attached and both parts file Well Owner Informati	ed with the Department of	at the above address within 30 d	lays of well completion.		
Owner Name Dawn Park	on 7				
			_Longitude:		
Mailing Address: 2 (9 Benry	Mailing Address: 219 Henry Cochron Re		Method of Lat/Long (check one): Conventional Survey,		
The LA ME ZOUED		USGS quad, Hand-held GPS, Survey-grade GPS			
City State Zip Code		<sup>1</sup> / <sub>4</sub> <sup>1</sup> / <sub>4</sub> SecTR			
		Distance Direction	Nearest Town		
Telephone No. ()		Mileso	f		
Pump Type		Po	wer Type		
Circle one			ircle one		
Air Lift Jet	Submersible	Diesel Engine Gasolin	e 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: <u>5-20-0</u>	8	Setting Depth:	<u>5</u> feet		
Rated Pump Capacity: ? / 2	Gallons Per Minute	Number of Stages:	2		
Pump Test Data			asuring Water Level		
Date Well Tested:		$\bigcirc$	rcle one		
Static Water Level (A): 75 Feet B	Below Land Surface	Air Line Electric Meas			
Pumping Water Level (B): 80 Feet B	elow Land Surface	Other (specify):			
Drawdown [(B) – (A)]: Feet B	elow Land Surface	For flowing well, measured sh	ut in head:feet		
Test Pumping Rate: 8	Gallons Per Minute	Well yielded	_GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): _	4hours		1/2 hours of pumping		
HEREBY CERTIFY that the above stateme Michgel R FigFag/ Print Name of Pump Installer and License No	nts are true to the best of <i>CDPUJ</i> . (if applicable)	f my knowledge. Michael R Signature of Pump Ins	Form: OLWR-SWR-1B		
			RECEIVE		

JUN 0 9 2008 BY: OLWR