	State Well Report	
and Marza	Part 1 – Driller's Log	For Office Use Only
	ssippi Department of Environmental Qualit	ty Aquifer: <u>6 182</u>
Permit #:	Office of Land and Water Resources P.O. Box 2307	Well #:
Driller: Nuk & Wad	Jackson, MS 39225	L. S. Elevation:
Date drilling completed: 827-10	(601)961- 5210 (601)961- 5228 (fax)	
		E-log #:
State Law requires that this report be pro-	epared by the license holder responsible j 30 days of completion of drilling of the s	for the work and filed with t well or borehole
Information on Well Owner	Well o	r Borehole Location
(Landowner if borehole is not for a wat		32" Longitude: 88 • 36 ·
Owner Name Certin Presuce	NY .	
Mailing Address: 9277 Ola 6	Mathed of I at / and (ains	le one): Conventional Survey,
Maning Address: 1 - 1 - 4	USGS quad, Hand-	held GPS, Survey-grade GPS
<i>b</i>	GS 1/ NW/ San /	7 Twn T25 Rng R
Lucidal Ms	57852	
City State	Zip Code Distance Direction	of Kurial
Telephone No. ()		
	Well / Borehole Data	
Location of the source of any surface water used in Method of dosing and volume of Chlorine used in Logs run (circle all applicable): No log run Elec Name of organization running log(s): Purpose of borehole (check one): Water Well	n drilling and development:	n Other:
	er well construction, skip the remainder of the	is block
Purpose of Well (check one): Home 🖌 Industria		ture Other: + Jarm
If a flowing well, method of flow regulation: Valv	Ve Other (describe)	
Static Water Level: <u>35</u> feet above or l	below (circle one) land surface Date measur	red:
Method of Measurement (circle one) steel tape	electric tape (air line) other:	
Well depth: $\underline{90}$ Well grouted to a depth of	0 feet Type of grout (circle one): Neat	Cement Bentonite Mix
Casing length: <u>3</u> feet Casing diam	eter: inches Type of casing	r + V C 40
Screen length: <u>) O</u> feet Screen diam	eter:inches Type of screer	"FUC wapped
		NO M
Screen slot size: / Oinches Sett	ing depth: From 80 feet to 0	<u>feet</u>
Casing length: <u>80</u> feet Casing diam Screen length: <u>10</u> feet Screen diam Screen slot size: <u>10</u> inches Sett Type of completion (circle all applicable): Grave		
Type of completion (circle all applicable): Grave		pen hole Natural Developm

RECEIVED SEP 2 0 2010 BY:OLWR

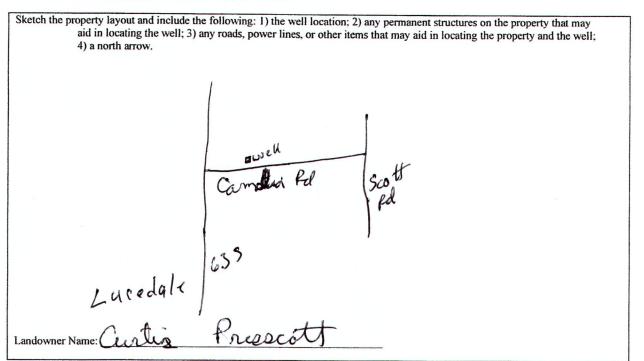
The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level.

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

Description of Formations Encountered	From (depth)	To (depth)
Elan	Ground Level	
Darta	0	6
Clas	6	26
pard	26	28
Cle	28	33
samp	33	62
Clay	63	6
Kank	61	90
		1
		1

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



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.

And the Ary Fight OFOS Star Date Michael Kory Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT				
County: Seorge Permit #: Driller: Mike F Low Date completed: 8 - 30 - 10 <u>Copy information from block on Part 1</u> This part of the report must be completed	Part 2 For Office Use Only: 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)		Aquifer:	
report must be attached and both parts file Well Owner Informat			<i>tys of well completion.</i>	
Owner Name: Curtin Prosect Mailing Address: 9277 04		Method of Lat/Long (check on	Longitude: e): Conventional Survey, GPS, Survey-grade GPS	
Leucedal M City State	15 39 45 2 Zip Code	Distance Direction	TT25RR 60	
Pump Type Circle one			ver Type rcle 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):	4			
Date Pump Installed: 8-30-10		Setting Depth: <u>96</u> feet		
Rated Pump Capacity: 19		Number of Stages:		
Pump Test Data			asuring Water Level rcle one	
1	Below Land Surface	Air Line Electric Meas Other (specify):		
Drawdown [(B) – (A)]: 200 Feet]	Below Land Surface	For flowing well, measured shi	ut in head: feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded <u>30</u> <u>20</u> feet after	. 11	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. $ \underbrace{M/chac RFrgFcg/20408}_{\text{Print Name of Pump Installer and License No. (if applicable)}}_{\text{Signature of Pump Installer}} $				

s 1

.

ichael REFYFogle 0408	Michael R. Fraker
Name of Pump Installer and License No. (if applicable)	Signature of Pump Instake
	Eprof. OLWR-SWR-1B (04/08)

RECEIVE SEP 2 U 2010 BY:OLWR