| County: Levise | Part 1 – Driller's Log | | For Office Use Only: | | |
|---|---|---|----------------------------|--|--|
| Permit #: 0 - 780 N | Mississippi Department of Environmental Quality | | Aquifer: | | |
| 1 \(\tau_{i} \) \(\tau_{i} \) | Office of Land and Water Resources P.O. Box 10631 | | Well #: H-94 | | |
| 0 | Jackson, MS 39289-0631 | | | | |
| Date drilling completed: 7-18-07 | (601) | 961-5210 | L. S. Elevation: | | |
| | (601)354 | 4-6938 (fax) | 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. Information on Well Owner Well or Borehole Location | | | | | |
| (Landowner if bosehole is not for a | (Landowner if bosehole is not for a water well) | | | | |
| Owner Name / Well Weetle | Owner Name / Wells Westledge | | " Longitude: 30 ° 50 '0/7" | | |
| Mailing Address: Lt 15 Sle | el weter | Method of Lat/Long (circle one): Conventional Survey, | | | |
| Sub Huy 613 N | outh | USGS quad, Hand-held | GPS Survey-grade GPS | | |
| (andals as | 39452 | OK 14 NE 1/4 Sec_ 31 | Twn 25/Rng 5 W | | |
| City State | Zip Code | Distance Direction | Nearest Town | | |
| Telephone No. (601) 947 - 2000 | | _2_Miles notth | of Acrola, No | | |
| | Well / Bore | hole Data | | | |
| Date drilling started: 7-18 Date drilling | ng completed: <u>7–18</u> - | Hole depth: | Hole diameter: 2 inh | | |
| Location of the source of any surface water u | sed for drilling. | 110 FT | | | |
| Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4cpl Chlorine | | | | | |
| Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): | | | | | |
| Name of organization running log(s): Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heading Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block | | | | | |
| Seismic Sur | veyOther (describe) |) | AUC . AUC | | |
| If drilling is not related to water well construction, skip the remainder of this block | | | | | |
| Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish CultureOther: | | | | | |
| If a flowing well, method of flow regulation: Valve Other (describe) | | | | | |
| 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: Well grouted to a depth of feet Type of grout (circle one): Neat Cemen Mix | | | | | |
| Casing length: 100 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic | | | | | |
| Screen length: 10 feet Screen diameter: 2 inches Type of screen: 50 Plastic | | | | | |
| Screen slot size: 6 inches Setting depth: From 0 feet to 110 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 <i>If tel</i> | esconed or more than one scree | n describe on nevt nage | | |

State Well Report

The sketch below only required for water wells

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

<u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| | Ground Level | |
| 0.1.1 | | |
| Ced Sand | 0 | 20 |
| | | |
| | | |
| Yellow clay | 20 | 60 |
| | | |
| Rul Sand | | |
| lu Sand | 60 | 110 |
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If more than one screen, show location of each on sketch

| Sketch the property layout and include the following: 1) the well local aid in locating the well; 3) any roads, power lines, or oth 4) a north arrow. | tion; 2) any permanent structures on the property that may ner items that may aid in locating the property and the well; |
|---|--|
| Works Works | Hun le 12 |
| | |
| 1 1 0 | RECEIVED AUG 0 1 2007 BY: OLWR |
| Landowner Name: Mike Keetleelee | Eorm: OLWE SWE |

Form: OLWR-SWR-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.

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

| STATE WELL REPORT | | | | | | |
|--|--|---|-------------------------------|--|--|--|
| County: Detros Conte | Pa | art 2 | Fac Office Has Only | | | |
| Permit #: 0 - 780 | Pump Installer's Completion Report Mississippi Department of Environmental Quality | | For Office Use Only: Aquifer: | | | |
| Driller. W. Joe Pierce | | nd Water Resources Box 10631 | 11 311 | | | |
| _' | | IS 39289-0631 | Well#: #-94 | | | |
| Date completed: | (601) | 961-5210 | Elevation: | | | |
| Copy information from block on Part 1 | (601)354 | 4-6938 (fax) | | | | |
| 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 Informat | ion | Wel | I Location | | | |
| Owner Name: Mrke Mutbelge | | Latitude: 88 - 31-255 Longitude: 30 - 50 - 017 | | | | |
| Mailing Address: Lot 15 Stell water | | Method of Lat/Long (check one): Conventional Survey | | | | |
| Sub Hy 613 Nouth | | USGS quad, Hand-held GPS, Survey-grade GPS | | | | |
| City State Zip Code | | NW 1/1 NE 1/2 Sec. 31 T25 R 5W | | | | |
| ony sau | 2.p 0002 | Distance Direction | Nearest Town | | | |
| Telephone No. (<u>60/)</u> 94)-2000 | | 2 Miles Noath o | f Agrida, ms | | | |
| | | | | | | |
| Pump Type Circle one | | Power Type Circle one | | | | |
| Air Lift Jet | Submersible | Diesel Engine Gasolin | ne 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: 7-18-07 | | Setting Depth: 80 F7 | Set line feet VED | | | |
| Rated Pump Capacity: 1 O | Gallons Per Minute | Number of Stages: 3 | BY: OLWA | | | |
| Down Tout Date | | Mathad at Me | easuring Water Level | | | |
| Pump Test Data | | | Sircle one | | | |
| Date Well Tested: 7-18-07 | | Classic Mar | | | | |
| Static Water Level (A):Feet | Below Land Surface | Air Line Electric Mea | asuring Line Steel Tape | | | |
| Pumping Water Level (B): 45 Feet Below Land Surface | | Other (specify): | | | | |
| Drawdown [(B) - (A)]: 402 Feet | Below Land Surface | For flowing well, measured si | hut in head:feet | | | |
| Test Pumping Rate: | _Gallons Per Minute | Well yielded GPM with a drawdown of | | | | |
| Duration of Pump Test (minimum 4 hours): | : 48 hours | | 48 hours of pumping | | | |
| | | | | | | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SWR-1B

Signature of Pump Installer