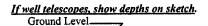
| | State Well Rep | ort | | |
|---|--|---|--|--|
| Λ | Part 1 – Driller's | For Office Lise Only | | |
| County: Derige | Mississippi Department of Enviro | | | |
| Permit #: $0 - 780$ | Office of Land and Water F | Resources Well #: D-137 | | |
| Driller: Joel Pier | P.O. Box 2307 Jackson, MS 3922 | | | |
| Date drilling completed: 2-4-09 | (601)961- 5210 (601)961- 5228 (fa | L. S. Elevation: $-+++>$ | | |
| |] | E-log #: | | |
| State Law requires that this repo Department at the above address | rt be prepared by the license holde s within 30 days of completion of a | r responsible for the work and filed with the Irilling of the well or borehole. | | |
| Information on Well | | Well or Borehole Location | | |
| (Landowner if borehole is not f | or a water well) | 30 . 611 . (71 " Lowing Re . 21 . 911" | | |
| Owner Name Serald Bo | lan Latitude: | 10 JF 121 Longitude 0 JO 121 | | |
| Mailing Address: 2670 Hoff | Method o | 30 • 54 · <u>[21</u> " Longitude <u>88</u> • <u>30</u> · <u>921</u> " • 7 • f Lat/Long (circle one): Conventional Survey, <u>55</u> | | |
| Manning Address. 2010 110 | | GS quat Hand-held GPS Survey-grade GPS | | |
| . · · · · | | SE 1/4 Sec. S Twn 18 Rng 5W | | |
| (medale ne | | | | |
| City Sta | te Zip Code Distance | Direction Nearest Town Miles EAST_of Lucial, us | | |
| Telephone No. (251) 490-400 | 6 | | | |
| | | | | |
| | Well / Borehole Data | _ | | |
| Date drilling started: 2-4-09 Date d | rilling completed: $2 - 4 - 09$ Hole | depth: <u>75</u> Hole diameter: <u>2</u> | | |
| • | | | | |
| Location of the source of any surface wat Method of dosing and volume of Chlorir | er used for drilling: | + 2000 wales ygal chlored | | |
| | a | | | |
| Logs run (circle all applicable) No log n Name of organization running log(s): | Electric Gamma Ray Density | Sonic Neutron Other: | | |
| Purpose of borehole (check one): Water W | Vell Geotechnical/Geological Inve | stigation Ground Source Heat Pump | | |
| Seismic | Survey Other (<i>describe</i>) | | | |
| | d to water well construction, skip the | remainder of this block | | |
| | _ | ionFish CultureOther: | | |
| · · · · | | ibe) | | |
| Static Water Level: <u>5</u> feet above (r below (circle one) land surface Date measured: <u>2-4-09</u> | | | | |
| Method of Measurement (circle one) | | | | |
| | | circle one): Neat Cement Bentonite Mix | | |
| Casing length: <u>65</u> feet Cas | - | | | |
| ÷ - | | Type of screen: <u>Sch 80</u> 11 | | |
| Screen slot size: <u>10</u> inches | | | | |
| | | Telescoped Open hole Natural Development | | |
| | Other (describe): | | | |
| Top of lap pipe or reduction in casing: | feet. If telescoped on | more than one screen, describe on next page | | |
| | | | | |

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

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D=137 59

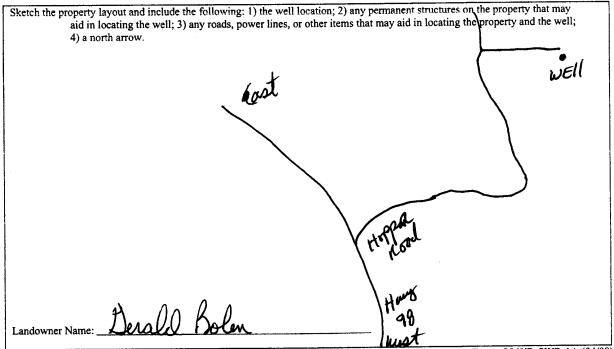
The sketch below only required for water wells



| Description of formations encountered must be provided for all | H13 |
|--|-----|
| wells and boreholes, unless specifically exempted by regulations | |

| Description of Formations Encountered | From (depth) | To (depth) |
|--|--------------|------------|
| | Ground Level | |
| A | L | |
| Mad France | 0 | 15 |
| AA | | |
| Vala clay | 15 | 20 |
| | | l |
| white Clay | 20 | 40 |
| | | 15 |
| nuter Same | 40 | 12 |
| | | |
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| ······································ | | - <u> </u> |
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| | 1 | 1 |
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| | | 1 |
| | | |

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



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

한 사람은 동안을 가지?

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

2-4-09

laws.

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Print Name of Responsible Licensee and License No.

ili

0-780

Date

Signature of Licensee

| | STATE WE | LL REPORT | | |
|---|--|--|---|--|
| County: <u>Alac</u> Permit #: <u>0-780</u> Driller: <u>Joel P coul</u> Date completed: <u>2-4-09</u> <u>Copy information from block on Part 1</u> This part of the report must be completed by report must be attached and both parts filed Well Owner Information Dwner Name: <u>Sensly</u> Bolen Mailing Address: <u>2670</u> Hoppen | Pa Pump Installer's Mississippi Department Office of Land a P.O.J Jackson (601) (601)96 a licensed water well of with the Department a n | art 2 Completion Report t of Environmental Quality nd Water Resources Box 2309 , MS 39225 961-5210 1-5228 (fax) contractor or a licensed pump t the above address within 30 W Latitude: <u>30 - 54 - 12</u> Method of Lat/Long (check USGS guad - Hand-he | Aquifer: Well =: Elevation: <i>installer.</i> A copy of days of well completed fell Location Longitude: one): Conventioner Id GPSSurvey | <u>}- 30 - 92/</u> Survey |
| City State Telephone No. (251) 490 - 400 | Zip Code | $\frac{SE}{Distance} \xrightarrow{SE} Miles \frac{SE}{2}$ | 6 25 Nearest Town | in k, us |
| Pump Type Circle one Air Lift Jet Bucket Piston Centrifugal Rotary Other (specify): | | Diesel Engine Gase Electric Motor Hai | her (specify): | _feet |
| Pumping Water Level (B): <u>40</u> Feet | Below Land Surface _Gallons Per Minute | Air Line Electric Other (specify): For flowing well, measur Well yielded C | ed shut in head: | Steel Tape feet drawdown of |
| I HEREBY CERTIFY that the above state $0 - 78$ Print Name of Pump Installer and License | U | st of my knowledge. | Form: OL | <u>() - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </u> |

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| | - 44 - 14 | | | 54 | · · · | | 14 | ÷., | ÷ |
| | | | ; | | المحصد بالأ | 41.000 | | 2 | 4 |