	State W	ell Report	Fra Office Hee Only		
Aurel		Oriller's Log	For Office Use Only:		
County: Duncy	Mississippi Department of Environmental Quality		Aquifer:		
Permit #: _ 6 - 7200	Office of Land and Water Resources		L - 190		
1 1//	P.O. Box 2307		Well #:		
Driller: Joul 1	Jackson, MS 39225		L. S. Elevation:		
Date drilling completed: 8-29-08	(601)961- 5210 (601)961- 5228 (fax)				
	(001)90	1- 5220 (IdA)	E-log #:		
State Law requires that this repor	t he prepared by the lic	ense holder responsible for	the work and filed with the		
Department at the above address	within 30 days of com	pletion of arilling of the well	or vorenoie.		
Information on Well C	wner	30 Well or Bo	prehole Location 38 35 22		
(Landowner if borehole is not fo	r a water well)	25 35	Longitude: 36 . 98 . 708		
Willenn	mangrum	Latitude 0 0 0 100	" Longitude: PA 100		
Owner Name Common Miles	yeu,	Method of Lat/Long	ger: Conventional Surve.		
Mailing Address: 121 Way	W CEERO				
Maning Address.	a cerre	NEUSGS quad Hand-held	GPS.) Survey-grade GPS		
		X 50 CT	Twn 35 Rng 6W		
(()	39452	36 1/4 Sec_ 9	Twn 25 Rng 600		
Cuesal ne		Direction	Negrest Town		
City Stat		Distance Direction	of Agula, ws		
Telephone No. (251) 689 - 3	99 (TVINES	7		
receptione rec. (233)					
	Well / Bor	ehole Data			
Date drilling started: 8-29-08Date dri	0.00	08 55	Uele diameter: 2		
			Hole diameter.		
Leasting of the course of any surface water	r used for drilling:	Lealer, us	1		
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: 2000 walk 4galch					
Method of dosing and votation of characteristics					
Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s):					
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump					
Purpose of borehole (check one): Water Well Geotechnical/Geological investigation Glound Source Treat I unip					
Seismic Survey Other (describe)					
If drilling is not related to water well construction, skip the remainder of this block					
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:					
Purpose of Well (check one): Home	ndustriai Public Suppl	ly Imgation rish culture			
If a flowing well, method of flow regulation	n: Valve	Other (describe)			
A to the ting well, means a second			9-29-08		
Static Water Level: 4 feet al	pove or below (circle one)	land surface Date measured:	0-91-0		
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: Well grouted to a depth of type of grout (effect one). From					
Casing length: 50 feet Casing diameter: 2 inches Type of casing: 5th 40 Plaste Screen length: 5 feet Screen diameter: 2 inches Type of screen: 5th 40 11					
Screen length:feet Screen	en diameter: 2	inches Type of screen: _	JUN 40		
Screen slot size:IDinches	Setting depth: From	O feet to	55feet		
Type of completion (circle all applicable): Type of circle all applicable al					
Other (describe):					
Top of lap pipe or reduction in casing:	feet. If i	telescoped or more than one scr	een, describe on next page		

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



The sketch below only required for water well	The	sketch	below	only	required	for	water	well
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If well telescopes, show depths on sketch. Ground Level.

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

Description of Formations Encountered	From (depth)	10 (deptn)
	Ground Level	
· · · · · · · · · · · · · · · · · · ·		† — — — — — — — — — — — — — — — — — — —
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	}	
		
		
J.	3	1

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. Well Worker Ad	1 Mas			
ce				
Landowner Name: Blessa Maryun	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.

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

RECEIVEI SEP 18 2008 RY: OLWF

STATE WELL REPORT Part 2 For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit # Aquifer: Office of Land and Water Resources P.O. Box 2309 Well # Jackson, MS 39225 (601)961-5210 Elevation: (601)961-5228 (fax) Copy information from block on Part I 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 Location Well Owner Information 63 Longitude: 30 - 48 - 70 2 Owner Name: Method of Lat/Long (check one): Conventional Survey Mailing Address:_ Hand-held GPS , Survey-grade GPS. Distance Telephone No. <u>(251)</u> 689 - 3991 Power Type **Pump Type** Circle one Circle one Gasoline Engine Natural Gas Diesel Engine Submersible Air Lift Tractor PTO Hand Electric Motor Bucket Piston Turbine Other (specify): Windmill Rotary Flowing Well Centrifugal Horse Power Rating of Motor: Other (specify): 8-24-08 Setting Depth: Date Pump Installed: _ Number of Stages: Gallons Per Minute Rated Pump Capacity: Method of Measuring Water Level Pump Test Data Circle one 8-29-09 Date Well Tested: Steel Tape Electric Measuring Line Air Line Feet Below Land Surface Static Water Level (A): _ Other (specify): 30 Feet Below Land Surface Pumping Water Level (B): __ For flowing well, measured shut in head: Feet Below Land Surface Drawdown [(B) - (A)]: GPM with a drawdown of 10 Gallons Per Minute Test Pumping Rate: ____ hours of pumping Duration of Pump Test (minimum 4 hours): _ that the above statements are true to the best of my knowled

1,

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

SEP 18 2008 BY: OLWF

nature of Pump Installer