	tate Well Report
County: P	art 1 – Driller's Log For Office Use Only:
Permit #: $O - 780$ Mississippi D	epartment of Environmental Quality Aquifer:
Driller: W, Joel Pierce	of Land and Water Resources P.O. Box 10631 Well #: L. 200
Date drilling completed: $6 - 30 - 09$	ackson, MS 39289-0631
Date at ming completed: $\psi = 30^{-0}$	(001)901-5210
	(601)354-6938 (fax) E-log #:
State Law requires that this report be prepared in the prepare	by the license holder responsible for the work and filed with the
Information on Well Owner	s of completion of arilling of the well or borehole.
(Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name Tru Cerry	Latitude: 30 . 48 . 637, Longitude 8 . 36 . 50
Mailing Address: Lott 33	Method of Lat/Long (circle one): Conventional Survey, 30
Dela miller Id	USGS quad, tand-held GPS, Survey-grade GPS
Luidanti no 2014	5 5E 1/1 Sec 5 Twn 35 Rng6W
City State Zip Co	5W
z zip co	de Distance Direction Nearest Town
Telephone No. (223) 623 - 7080	west west
W	/ell / Borehole Data
Date drilling started: 0-30-09 Date drilling completed:	1.20 al Or
Location of the source of any surface water used for drilling Method of dosing and volume of Chlorine used in drilling	B. Acruala, ND + 1 A AA
Logs run (circle all applicable) No log run Electric Gan Name of organization running log(s):	nma Ray Density Sonic Neutron Other:
	ical/Geological Investigation Ground Source Heat Pump
Seismic SurveyOther	(describe)
Purpose of Well (check one): Home Industrial Publ	ic Supply Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve	Other (describe)
If a flowing well, method of flow regulation: Valve	Other (describe) other (describ
If a flowing well, method of flow regulation: Valve	tric tape $air line$ other:
If a flowing well, method of flow regulation: Valve	The one) land surface Date measured: $6 - 30 - 09$ ctric tape air line other:
If a flowing well, method of flow regulation: Valve	ctric tape <u>air line</u> other: <u><u>6-30-09</u> Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix</u>
If a flowing well, method of flow regulation: Valve Static Water Level:feet above or below (end Method of Measurement (circle one) steel tape elec Well depth: Well grouted to a depth offeet Casing length:feet Casing diameter:	ctric tape <u>air line</u> other: <u><u>6-30-09</u> Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix <u>2</u> inches Type of casing: <u>Sett 40</u> Claster</u>
If a flowing well, method of flow regulation: Valve Static Water Level:feet above or below (end Method of Measurement (circle one) steel tape elect Well depth: Well grouted to a depth offeet Casing length:feet Casing diameter: Screen length:feet Screen diameter:	Type of grout (circle one): Neat Cement $\underbrace{6-30-09}_{\text{Mix}}$ $\underbrace{3ir line}_{\text{inches}}$ other: $\underbrace{-30-09}_{\text{Mix}}$ Type of grout (circle one): Neat Cement $\underbrace{8entonite}_{\text{Mix}}$ $\underbrace{2}_{\text{inches}}_{\text{inches}}$ Type of casing: $\underbrace{540}_{\text{Ho}}$ $\underbrace{40}_{\text{Horster}}$
If a flowing well, method of flow regulation: Valve	ctric tape air line other:
If a flowing well, method of flow regulation: Valve Static Water Level:feet above or below (end Method of Measurement (circle one) steel tape elect Well depth: Well grouted to a depth offeet Casing length:feet Casing diameter: Screen length:feet Screen diameter:	ctric tape <u>air line</u> Date measured: <u>6-30-09</u> ctric tape <u>air line</u> other: Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix <u>2</u> inches Type of casing: <u>Sch 40 Plastu</u> ' <u>2</u> inches Type of screen: <u>Sch 40 Plastu</u> ' <u>5</u> freet to <u>85</u> feet
If a flowing well, method of flow regulation: Valve	ctric tape air line other:
If a flowing well, method of flow regulation: Valve Static Water Level: feet above or below (end Method of Measurement (circle one) steel tape elec Well depth: Well grouted to a depth of feet Casing length: feet Casing diameter: Screen length: feet Screen diameter: Screen slot size: feet Screen diameter: Screen slot size: inches Setting depth: Type of completion (circle all applicable): Gravel packed Other (describe	ctric tape air line other:
If a flowing well, method of flow regulation: Valve Static Water Level: feet above or below (end Method of Measurement (circle one) steel tape elec Well depth: Well grouted to a depth of feet Casing length: feet Casing diameter: Screen length: feet Screen diameter: Screen slot size: feet Screen diameter: Screen slot size: inches Setting depth: Type of completion (circle all applicable): Gravel packed Other (describe	ctric tape air line other: Type of grout (circle one): Neat Cement Bentonite Mix 2inches Type of casing: Sch 40 Plastu' 2inches Type of screen: Sch 40 Plastu' 4 From feet tofeet 9 Underreamed Telescoped Open hole Natural Development 2):

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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 all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth
	Ground Level	
a re A	1	1
Med pro	0	15
		. <u> </u>
A A		
Ned gran	15	30
Valleda	30	an-
juonelly		10
auti Brie	40	85
unit have		
	L	
	<u> </u>	
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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 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. 5 Id A WER Basin Refuel Rd Landowner Name: Tim Cellus 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. -780 6-30-09 1010 Signature of Licensee JUL 0 2 2009

Print Name of Responsible Licensee and License No.

Date

BY: OLWR

STATE WELL REPORT					
County: Blogg Permit #: 0 - 780 Driller: W Joel Prerce	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:		
Date completed: <u>6-30-09</u>	Jackson, MS 39289-0631 (601)961-5210		Well #: 		
Copy information from block on Part 1 (601)354-6938 (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 Informatio			I Location		
Owner Name: Tim Centre	Ď	Latitude: <u>30-48-63</u>	ZLongitude: <u>80 - 36 - 576</u>		
Mailing Address: Lott 35			eck one): Conventional Survey,		
Lundah, NS	$\frac{4 \ (CC)}{38457} \qquad USGS \ quad_, Hand-held \ GPS_k, Survey-grade \ GPS_}{5E_{4} \ HE} \ x \ sec_{5} T_{35_{1}} \ CC_{1} \ CCC_{1} \ CC_{1} \ CC_{1} \ CC_{1} \ CC_{1} \ CC$				
Čity State	Zip Code	Distance SW Direction	Ncarcst Town		
Telephone No. $(\underline{122})$ 623 - 70	080	<u>5</u> Miles South a	f Lundal, m		
Pump Type Circle one	<u></u>	1	wer Type Fircle one		
\bigcirc	Submersible		ne Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):		
Other (specify):	<u></u>	Horse Power Rating of Motor			
Date Pump Installed: <u>0 - 00 - 0</u>	<u> </u>		ht line seet		
Rated Pump Capacity: () G	Fallons Per Minute	Number of Stages: 2			
Pump Test Data Date Well Tested: 6-30-0	 ว		easuring Water Level Fircle one		
0	elow Land Surface	Air Line Electric Mea	-		
11-	elow Land Surface	Other (specify):			
Drawdown [(B) - (A)]:Feet B	elow Land Surface	For flowing well, measured st	hut in head:feet		
	allons Per Minute	Well yielded			
Duration of Pump Test (minimum 4 hours): _	48 hours		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	o. (if applicable)	Signature of Pump In	Istaller Form: OLWR-SWR-1B		
			RECEIVED		

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