Sta	te Well Report				
111-1-0	Part 1 – Driller's Log				
Permit # 0 - 780 Mississippi Depa	Mississippi Department of Environmental Quality				
Driller: W. Gael Pierce Office of	Land and Water Resources P.O. Box 10631	Aquifer:			
Jack	son, MS 39289-0631				
Date drilling completed:	(601)961-5210	L. S. Elevation:			
	(601)354-6938 (fax)				
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.					
and mation on well Owner	on on well Owner				
(Landowner if borehole is not for a water well)					
Owner Name Kenel Berry		" Longitude: 30 • 47 <u>• 676</u> "			
Mailing Address: Sleven Vincent &					
	USGS quad, Hand-held GPS, Survey-grade GPS				
Curdale no 3945	2 3W 1/4 SE 1/4 Sec 17	5W 1/2 5E 1/2 Sec 17 Twn 35 Rng 50			
_ip code	City State Zip Code Distance Direction Nearest Town				
Telephone No. (601) 347 - 6397		of Agusta, mo			
Well	/ Borehole Data				
Date drilling started: 11-17-07 Date drilling completed: 11-17-07 Hole depth: 175 Hole diameter: 2					
Location of the source of any surface water used for drilling: Method of dosing and volume of Chloring used in drilling:					
Method of dosing and volume of Chlorine used in drilling and development: 4500 water					
Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:					
Purpose of borehole (check one): Water Well Geotechnical	//Geological Investigation Ground	Source Heat Tump			
Seismic Survey Other (describe)					
If arilling is not related to water well construction, skip the remainder of this block					
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level:feet above of below (circle one) land surface Date measured:/1-/7-07					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 125 Well grouted to a depth of 16 feet Type of grout (circle one): Neat Cement Sentonite Mix					
Casing length: 165 feet Casing diameter: 2 inches Type of casing: 5ch 40 Plastic					
Screen length: 10 feet Screen diameter: 2 inches Type of screen: 5680 11					
Screen slot size: 6 inches Setting depth: Fr		25 feet			
Type of completion (circle all applicable): Gravel packed	IO SCIENC 165 & Underreamed Telescoped Open h	ole Natural Development			

Other (describe):

feet. If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing:

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

Ground Level	Descri	ption of Formations Encou	intered	From (depth) Ground Level	To (dept
		Red 3	and	0	20
		Red t fell	ev clay	Jo	100
		white Gar	ul	100	175
If more than one screen, show location of each	an alcatal				
	ng: 1) the well location:	2) any permanent structur tems that may aid in location	res on the p	roperty that may erty and the we	y II;
etch the property layout and include the followin aid in locating the well; 3) any roads,	ng: 1) the well location:	Eal Cul	The Prop	CEIVE V 2 9 2007 OLWE	5D
etch the property layout and include the followin aid in locating the well; 3) any roads, 4) a north arrow.	ng: 1) the well location; power lines, or other it	Eal Cul	The Prop	CEIVE V 2 9 2007 OLWF	ED R
etch the property layout and include the followin aid in locating the well; 3) any roads, 4) a north arrow.	ng: 1) the well location; power lines, or other it	bathanks in location accordance with all ap	PRE NO BY:	CEIVE V 2 9 2007 OLWE	R-SWR-

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level_

STATE WELL REPORT

Date completed: //-Copy information from block on Part 1 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

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well#: M-172		
Elevation:		

Well Location Well Owner Information Latitude: 88-32-305 Longitude: 30-47-676 Owner Name: Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____ SW 1/35 1/2 T35 R5W Distance Direction Telephone No. (601) 947 - 6397 Power Type Pump Type Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Tractor PTO Electric Moto Bucket Piston Turbine Hand Other (specify): Centrifugal Rotary Flowing Well Windmill Horse Power Rating of Motor: Other (specify): ____ Date Pump Installed: _ //-/7-07 Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Circle one Date Well Tested: 11-17-07 Air Line Electric Measuring Line Steel Tape Static Water Level (A): ______ Feet Below Land Surface Other (specify): Pumping Water Level (B): 80 Feet Below Land Surface Drawdown [(B) - (A)]: 2 Feet Below Land Surface For flowing well, measured shut in head: ______feet Gallons Per Minute Well yielded ___ _GPM with a drawdown of Test Pumping Rate: 48 hours of pumping Duration of Pump Test (minimum 4 hours): 48 hours feet after

I HEREBY CERTIFY that the above statements are true to the best of my knowledge Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SWR-1B