County: Dearse	
Permit #: 0 - 780  Driller: W. Gael (Pierc.)	Mississ
Date drilling completed: 11-30-07	
State Law requires that this repor	t be prej

State Well Report

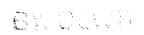
Part 1 - Driller's Log

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

For Office Use Only:
Aquifer:
Well#: M- 173
L. S. Elevation:
E-log #:

(601)354-6938 (fax) pared 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 borehole is not for a water well) Owner Name Method of Lat/Long (circle one): Conventional Survey, USGS quad. Hand-held GPS Survey-grade GPS Miles Direction Nearest Town Telephone No. (208) Well / Borehole Data Date drilling started: 11-26 Date drilling completed: 11-30-57 Hole depth: 300 Hole diameter: Location of the source of any surface water used for drilling: Aquisle, us Method of dosing and volume of Chlorine used in drilling and development: 4901 Chlorine 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\_LGeotechnical/Geological Investigation\_\_\_ Ground Source Heat Pump\_\_\_ 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: \_ If a flowing well, method of flow regulation: Valve \_\_\_\_ \_\_\_\_Other (describe) \_ \_\_\_feet above of felow (circle one) land surface Date measured: 11-30-07 Method of Measurement (circle one) steel tape electric tape (air line other: \_\_\_ Well depth: 300 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Casing length: 290 feet Casing diameter: 2 inches Type of casing: 2 \_inches Screen length: \_\_ Screen diameter: Setting depth: From O Screen slot size: 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. If telescoped or more than one screen, describe on next page

Form; OLWR-SWR-1A



65 C 27 250

The sketch	helow	only	required	for	water wells
	00.0	Olerk	i cymii eu	101	water wells

f well	telescopes	, show	depths	on	sketch.
	und I am				

M-173

<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	
and Sand	0	20
fellow clay	20	30
Yellow France	30	150
GREEN CLAY	150	250
July Sand	250	300

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

aid in locating the well; 3) any roads 4) a north arrow.	SIENU Vinut CL	that may aid in locating to	the property and the well;
andowner Name: John Dreuts	en East	AS BOLD	

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.

11-30-07 Date

Signature of Licensee

## STATE WELL REPORT

## County: Slove Permit #: 0 - 780 Driller: W. Sce | Pierce Date completed: 11-30-07

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631

For Office Use Only:			
Aquifer:			
well #: M - 173			
Elevation:			

(601)961-5210 (601)354-6938 (fax) 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 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 Latitude: 88 32-164 Longitude: 30 47-866 Owner Name: ( Mailing Address: Method of Lat/Long (check one): Conventional Survey\_\_\_ USGS quad\_\_\_\_, Hand-held GPS\_\_\_, Survey-grade GPS\_\_ SE 1/2 NW 1/2 Sec /2 T35 R 5W Distance Direction Nearest Town Miles West of Agrilo Telephone No. (228) 762 - 431 Pump Type **Power Type** Circle one Circle one Air Lift Jet\_ Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Tractor PTO Electric Motor Hand Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): \_ Horse Power Rating of Motor: 11-30-07 Date Pump Installed: Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level

Date Well Tested: 11-30-07	Circle one
Static Water Level (A): Feet Below Land Surface  Pumping Water Level (B): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours): 48 hours	2 feet after 48 hours of pumping

I HEREBY CEKTIFY that the above statements are true to the best of my know	vledge.
1. 1000 Pione 0-780	Del Vigeel
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B