State W	Vell Report				
l Ø I	Driller's Log	For Office Use Only:			
Mississinni Denartme	nt of Environmental Quality	Aquifer:			
	and Water Resources	Well #: M-178			
1 m · · · · · · · · · · · · · · · · · ·	Box 2307 n, MS 39225				
	961- 5210	L. S. Elevation:			
Date drilling completed: Description (601)96	1- 5228 (fax)	E-log #:			
Control I and a state of the st		·			
State Law requires that this report be prepared by the lic Department at the above address within 30 days of com	ense notaer responsible for t motion of drilling of the well	ne work unu jueu wun ine 'or horehole			
Information on Well Owner	Well or Bo	rehole Location			
(Landowner if borehole is not for a water well)	00 20 //	20 000			
1000	Latitude: Co ° 20 '60	3" Longitude <u>30 ° 44 ° 451 "</u>			
Owner Name Journ Sees Mailing Address: 148 Bruel Hoffeld	Method of Lat/Long (circle or				
Mailing Address: 146 18000 Joy Ca	USGS quad, Hand-held	GPS, Survey-grade GPS			
<u> </u>	50,110, so 34	$V_{\text{Twn}} 35 V_{\text{Rng}} 5 \omega$			
Compale us 35452	INW SW				
City State Zip Code	Distance Direction	Nearest Town of Handa, us			
Telephone No. <u>28</u> , <u>219 - 3836</u>	Miles JE	of 172000, w			
Well / Bore	ehole Data				
Date drilling started: 5-29 Date drilling completed: 5-29	-08 Hole depth: <u>40</u>	Hole diameter: 2			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: 4					
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					
Seismic Survey Other (describe) If drilling 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 or below (circle one) land surface Date measured:5-29-08					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 30 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 6 feet Casing diameter: 2 inches Type of casing: 5th 40 //last					
Screen length: 10 feet Screen diameter: 2 inches Type of screen: 5th 80 '					
Screen slot size: 6 inches Setting depth: From 6 feet to 50 , feet					
Type of completion (circle all applicable): Gravel packet Underreamed Telescoped Open hole Natural Development					
0.1 (1.11)		1			

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

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Top of lap pipe or reduction in casing: _

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

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The sketch below only required for water wells Description of formations encountered must be provide wells and boreholes, unless specifically exempted by re			
If well telescopes, show depths on sketch.	D	From (donth)	To (denth)
Ground Level	Description of Formations Encountered	From (depth) Ground Level	To (depth)
		7	
	hel fant		20
	7300		
	Wallow A Lan	20	25
	yawa csaz	+ 20	23
	white Same	25	90
			
			
			
			
			
·			
			
· ·			
If more than one screen, show location of each on sketch			
Sketch the property layout and include the following: 1) the we			1
aid in locating the well; 3) any roads, power line; 4) a north arrow.	s, or other nems that may are in locating the pre	sperty and the wes	الله الله
	(Ones	rad)	or o
	N		5
Landowner Name: Tangan Deles	H7613		
	Form	n: OLWR-SWR-1	A (04/08)
I certify that the well/borehole was drilled, constructed, and Mississippi Department of Environmental Quality and the Mass.	Aississippi Department of Health regulations	, if applicable, ar	
	Date RECEIVED Require of Licen	see	

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STATE WELL REPORT

Part 2

Permit #: 0 - 780

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 2309

For Office Use Only:		
Aquifer:		
Well#: M- 178		
Elevation:		

	Office of Land and W		1	
Driller: Joel fin	P.O. Box 2	2309	175	
Date completed: <u>5-29-08</u>	Jackson, MS	1 11 / / / /	1 / 1	
Date completed: 2 Pt. 00	(601)961-3	I Elevation:		
Copy information from block on Part 1	(601)961-522	28 (Iax)		
This part of the report must be completed by	a licensed water well contr	actor or a licensed pump installer. A copy of Po	irt 1 of the	
report must be attached and both parts filed	vith the Department at the	above address within 30 days of well completion	t.	
Well Owner Information	I	Well Location		
Owner Name: Tough Deep Lati		titude <u>GB - 28 - 608</u> Longitude: <u>30</u> 49	451	
Mailing Address: 148 Brue Boff Rd		thod of Lat/Long (check one): Conventional Sur	vey,	
	US	USGS quad, Hand-held GPS, Survey-grade GPS		
Lundoh Mo	39450 50	U 4/1W 4 Sec 34 T 35 R 5		
City State	Zip Code Dis	stance Direction Nearest Town		
m 20 2021	1	4 Miles SE of Agula,		
Telephone No. 200) 29 3836		Miles of Hamile		
Pump Type		Power Type		
Circle one		Circle one		
Air Lift (Jet) S	ubmersible Di	esel Engine Gasoline Engine N	atural Gas	
Bucket Piston T	urbine	ectric Motor Hand Ti	ractor PTO	
Centrifugal Rotary I	Flowing Well Wi	ndmill Other (specify):		
_	u.	rse Power Rating of Motor:		
Other (specify): Horse Power Rating of Motor:				
Date Pump Installed: 5-09-0	Se Se	tting Depth: 50 Let leul feet		
10	allons Per Minute Nu	mber of Stages:		
Rated Pump Capacity:	anons i et ivinide	mileor or outges.		
			1	
Pump Test Data		Method of Measuring Water Leve Circle one	ii.	
Date Well Tested: 5-29-08				
•	1.47N i	r Line Electric Measuring Line St	eel Tape	
Static Water Level (A): Feet Below Land Surface Other (specify):				
1	low Land Surface			
Drawdown [(B) – (A)]:Feet Be	,	or flowing well, measured shut in head:		
Test Pumping Rate:	allons Per Minute W	ell yieldedO GPM with a draw	down of	
Duration of Pump Test (minimum 4 hours):	48 hours	2 feet after 42 hours	of pumping	
Duration of Pump Test (minimum 4 nours):	- D nouis			
I HEREBY GERTIFY that the above statemen	nto are true to the hest of mi	knowledge		
THEREBY SERTIFY that the above statement				
Joel Vi	<u>0-780 </u>	fer L		
Print Name of Pump Installer and License No	. (if applicable)	signature of Pump Installer Form: OLWR-S	WR-1B (04/08)	
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	HEU			

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