State W	ell Report			
County: Deone Part 1-1	Priller's Log For Office Use Only:			
Mississippi Departmen	nt of Environmental Quality Aquifer:			
	nd Water Resources Not 2307 Well #: M-185			
	DOX 2007			
	1, MS 39225 961- 5210 L. S. Elevation:			
	1- 5228 (fax) E-log #:			
State Law requires that this report be prepared by the lic Department at the above address within 30 days of com	olotion of drilling of the well or borehole.			
Information on Well Owner	Well or Borehole Location			
(Landowner if bgrehole is not for a water well)	90 7/ DUL 30 44 290			
Owner Name Mille Woller	Latitude: 88 ° 26 334 Longitude: 30 ° 44 390			
1 12 1	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: 241 Couls oak Cull				
3	USGS quad, Hand-held GPS, Survey-grade GPS			
2 / 4 - 20.14	5E 200 4 Sec 36 Twn 35 Rng 5W			
Lundork W 38457 City State Zip Code	54.			
City State Zip Code	Distance Direction Nearest Town San Miles Good of Workell wo			
Telephone No. (28) 215-4562	ivines			
Well / Bor	ehole Data			
Date drilling started: 8-76-99 Date drilling completed: 8-26	Hole depth: 120 Hole diameter: 2			
Location of the source of any surface water used for drilling: Mathod of design and volume of Chlorine used in drilling and deve	hele, ws			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and deve	lopment: 2000 Wate 4gel ch			
Logs run (circle all applicables: No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
Purpose of borehole (check one): Water WellGeotechnical/Geo	logical Investigation Ground Source Heat Pump			
Seismic Survey Other (describe)				
If drilling is not related to water well constructi	on, skip the remainder of this block			
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:				
Purpose of Well (check one): Home industrial Public Supp.	yimgation rish culture others			
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 3 feet above or below (circle one) land surface Date measured: 8-28				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 170 feet Casing diameter: 2	inches Type of casing: Sch 40 Plost			
Screen length: 10 feet Screen diameter: 2	inches Type of screen: Selv 46			
Screen slot size: 10 inches Setting depth: From	O feet to 120 feet			
Type of completion (circle all applicable): Gravel packed Under	erreamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet. If 1	elescoped or more than one screen, describe on next page			

RECEIVE (1)R-1A (04/08)
SEP 1 8 2008
BY: OLWF!

The sketch below only required for water wells

<u>If</u>	well	teles	copes.	show	depths	on	sketch
•	Gre	ound	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	
Jellow clay	0	50
Vellow clay	50	70
7 0		
<u> </u>		ļ
Grand	70	120
0		
		<u> </u>
		<u> </u>

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.
Wev •
couty oak wich
Crosh Gal Custo
\
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Howell depth
Landowner Name: Wall Wolfer
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. \ \lambda \/ \la
$\frac{1}{2} \frac{1}{2} \frac{1}$
Courte 0.100 Door Spar
Print Name of Responsible Licensee and License No. Date Signature of Licensee RECEIVET
in with
SEP 18 2008
BY: OLWF
av. OLW

STATE WELL REPORT

County: Permit #: _ Date completed:

Part 2

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

Jackson, MS 39225 (601)961-5210

For Office Use Only:
Aquifer:
Well #: M-185
Elevation:

Copy information from block on Part 1	(601)96	1-5228 (fax)	Elevation:	
This part of the report must be completed report must be attached and both parts file	by a licensed water well c ed with the Department a	contractor or a licensed pump to t the above address within 30 o	installer. A copy of	of Part 1 of the etion.
Well Owner Informat		We	ll Location	
Owner Name: Nille Wol	Ker	Latitude: 83 - 16 - 22 9	Longitude: <u>3</u>	-44-290
Mailing Address: 241 Court	ook cicle	Method of Lat/Long (check o		
		USGS quad, Hand-held	d GPS <u></u> , Survey	-grade GPS
Curcleh nes		5E 1/11 1/4 Sec 34	6 T35 R	<u>5w</u>
City State	Zip Code	Distance Direction	Nearest Tow	n l
Telephone No. (228, 219 - 45	562	3 Miles East	• • • • •	
Pump Type Circle one			ower Type Circle one	
Air Lift Jet	Submersible	Diesel Engine Gasoli	ine Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor Hand		Tractor PTO
Centrifugal Rotary	Flowing Well		(specify):	1
Other (specify):		Horse Power Rating of Moto	r:	
Date Pump Installed: 8-28-0	<u> </u>	Horse Power Rating of Moto Setting Depth:	the	feet
Rated Pump Capacity: 10		Number of Stages:		-
Pump Test Data			easuring Water L Circle one	evel
Date Well Tested: 8-26-08	(Air Line Electric Me	asuring Line	Steel Tape
Static Water Level (A): 3 Feet Pumping Water Level (B): 20 Feet		Other (specify):		
		E - G	hut in head:	feet
Drawdown [(B) – (A)]: 2 Feet		For flowing well, measured s Well yielded		1
Test Pumping Rate:	Gallons Per Minute	į.		ŀ
Duration of Pump Test (minimum 4 hours)	hours	feet after	<u>48</u> _ho	ars of pumping
I HEREBY CERVIFY that the above staten		f my knowledge	\mathcal{V} .	
Joellieur ne	<u> 780 </u>	_ Litel		
Print Name of Pump Installer and License 1	No. (if applicable)	Signature of Pump I	nstaller Form: Ol W	-SWH-HB (0)/08)

SEP 18 2008 BY: OLWR

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