	State W	ell Report		
Manage	State Well Report		For Office Use Only:	
County: Heorge	Part 1 – <b>Driller's Log</b> Mississippi Department of Environmental Quality		Aquifer: M 207	
Permit #:		nd Water Resources		
Driller: Mukes & Wads		Box 2307	Well #:	
		n, <b>MS</b> 39225 961- 5210	L. S. Elevation:	
Date drilling completed: 9-7-10		1- 5228 (fax)		
	(55.755	1 0220 (107)	E-log #:	
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.  Information on Well Owner  Well or Borehole Location				
(Landowner if borehole is not for				
Owner Name Joson Im	th	Latitude: 30° 45'08	_ongitude:\(\frac{88}{26} \frac{26}{27}	
Mailing Address: 150 20 Sector Lens Rel Method of Lat/Long (circle one): Co		ne): Conventional Survey,		
3.44	USGS quad, Hand-held		GPS, Survey-grade GPS	
Wilmer al 36587 SE 45		5E 1/4 SW Sec 25	Twn 735 Rng R5 W	
City State	Zip Code	Distance Direction	of Agricula	
Telephone No. ()		3/2 Miles > 1	of Agricola	
receptione No. (		For probably Jush	u to the Sw of here	
	Well / Bore	hole Data		
Date drilling started: 9-7-10 Date drill	ling completed: 9-7-	Hole depth: 90	Hole diameter: 7// 2	
Location of the source of any surface water used for drilling:				
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 Wei	I Geotechnical/Geol	ogical Investigation Ground	Source Heat Pump	
Saignaia Suman. Other (describe)				
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 1 Industrial 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				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 90 Well grouted to a depth offeet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 80 feet Casing diameter: 4 inches Type of casing: 10 feet Screen diameter: 4 inches Type of screen 10 Casing: 10 feet Screen diameter: 4 inches Type of screen 10 Casing: 10 feet Screen diameter: 4 inches Type of screen 10 Casing: 10 feet Screen diameter: 4 inches Type of screen 10 Casing: 10 feet Screen diameter: 4 inches Type of screen 10 feet Screen diameter: 4 feet Scre				
Screen length: 10 feet Screen diameter: 4 inches Type of screen PVC washel				

Setting depth: From 80 feet to 90

Other (describe):

Gravel packed Underreamed Telescoped Open hole Natural Development

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

Screen slot size: 8 inches

Type of completion (circle all applicable):

Top of lap pipe or reduction in casing:

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



## The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

Description of formations encounted	ered must be provided for all
wells and boreholes, unless specific	cally exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
C Va-	0	9
2 5 -	9	20
800	30	36
2 Can	37	25
Dand	200	90
Come sand	45	20
		ļ
	<del> </del>	
		-
		l
	<del>                                     </del>	<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) a aid in locating the well; 3) any roads, power lines, or other items 4) a north arrow.	any permanent structures s that may aid in locating	on the property that may the property and the well;
7 T		
Dilli- In		
a more lared		
Jernald 612		
Dann		
Landowner Name: Jason Smith	<u>r</u> 1 1	
V		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

Michael RFryfogk OK89-7-10

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

RECEIVED OCT 15 2010

BY: OLWA

## STATE WELL REPORT

## 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 #:

Elevation:

P.O. Box 10631

Jackson, MS 39289-0631

(601)961-5210

County: \_\_\_\_\_\_

Permit #:

(601)961-5210					
(601)354-6938 (fax)					
This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.					
Well Owner Information	Well Location				
Owner Name: Jakon Smith	Latitude: Longitude:				
Mailing Address: 150 Section Ling Rd	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
City State Zip Code					
City State Zip Code					
Telephone No. ()	3/2 Miles 5 of agricola				
Pump Type Circle one	Power Type Circle one				
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas				
Bucket Piston Turbine	Electric Motor Hand Tractor PTO				
Centrifugal Rotary Flowing Well	Windmill Other (specify):				
Other (specify):	Horse Power Rating of Motor:				
Date Pump Installed: 9-14-10	Setting Depth: 70 feet				
Rated Pump Capacity: Gallons Per Minute	Number of Stages:				
Pump Test Data	Method of Measuring Water Level Circle one				
Date Well Tested: 974-LP	Air Line Electric Measuring Line Steel Tape				
Static Water Level (A): 55 Feet Below Land Surface	Other (specify):				
Pumping Water Level (B): 6 5 Feet Below Land Surface					
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet				
Test Pumping Rate: 30 Gallons Per Minute	Well yielded 30 GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):hours	feet after / // hours of pumping				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
THEREBY CERTIFY that the above statements are true to the best of my knowledge.					

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Signature of Pump Installer

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