State Well Report			
	Driller's Log For Office Use Only:		
Mississippi Departmen	nt of Environmental Quality Aquifer.		
	nd Water Resources Box 2309 Wcli #:		
	MS 39225		
	961- 5210 L. S. Elcvation:		
Date drilling completed: (601)96	1- 5228 (fax) E-log #:		
Court I are a series at a data are set by any and by the lies			
State Law requires that this report be prepared by the lic Department at the above address within 30 days of comp	ense notaer responsible for the work and fueu with the detion 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 Thomas Mcleod	Latitude:' Longitude:' "		
	Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: 2303 Turkey Fork Rd.			
	USGS quad, Hand-held GPS, Survey-grade GPS		
Pallo MS 20115-	¼¼ Sec_ <u>5</u> Twn <u>4NRng_7W</u>		
Kichton MD 39975	Distance Direction Manual Trans		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (601)989 - 3382			
Weil / Bore			
Date drilling started: 6-16-08 Date drilling completed: 6-16-0	DO Hole depth: Hole diameter:		
Location of the source of any surface water used for drilling:	mounity water		
Method of dosing and volume of Chlorine used in drilling and devel	lopment:		
	Density Carlo Mantena Other		
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:		
Purpose of borehole (check one): Water Well Geotechnical/Geol	ogical Investigation Ground Source Heat Pump		
Seismic Survey Other (describe)		
If drilling is not related to water well construction	n, skip the remainder of this block		
Purpose of Well (check one): Home χ Industrial Public Supply	IrrigationFish CultureOther:		
If a flowing well, method of flow regulation: Valve C			
Static Water Level: 35feet above or (below) (circle one) land surface Date measured: 6-16-08			
Method of Measurement (circle one) steel tape electric tape air line other:			
Well depth: <u>10</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one); Neat Cement Bentonite Mix			
Casing length: <u>50</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>6 VC</u>			
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>			
Screen slot size: .008 inches Setting depth: From 50 feet to 70 feet			
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 (04/08)			

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JUL 0 9 2008 BY: OLWR

F- 15

The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level_____

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

Description of Formations Encountered	From (depth)	
Lepson 1	Ground Level	
clay		3
Sand	35	7
		1
		1
		1
		1
······································		

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.

Thomas McLeod Landowner Name:

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

JAMES WELLS 0-586

Print Name of Responsible Licensee and License No.

amos Walls

Signature of Licensee

JUL 0 9 2008 BY: OLWR

Date

STATE WELL REPORT			
County: Orcene	Part 2 Pump Installer's Completion Report		For Office Use Only:
Permit #:	Mississippi Departmer	t of Environmental Quality	Aquifer:
Driller: JAMES WELLS	Office of Land and Water Resources		
Date completed: 6+16-08	P.O. Box 2309 Jackson, MS 39225 (601)961-5210		Well #:
Copy information from block on Part 1	(601)961-5228 (fax)		Elevation:
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 Owner Information		Well Location	
Owner Name: Thomas Mclead		Latitude: Longitude:	
Mailing Address: 2303 Turkey	fork Rd.	Method of Lat/Long (check or	ne): Conventional Survey,
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Richton	MS	39476	
City	State	Zip Code	
Telephone No. (11) 989-3382			

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Method of Lat/Long (check one): Conventional Survey,		
USGS quad	_, Hand-held G	PS, Survey-grade GPS
¼	_1/4 Sec_5	T YNR TU
Distance	Direction	Nearest Town
20 Miles	E of	Richton

	Pump Typ 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	g of Motor:	
Date Pump Installe	d: <u>6 - 16-0</u>	08	Setting Depth:	50	feet
Rated Pump Capac		Gallons Per Minute	Number of Stages:		

Pump Test Data	Method of Measuring Water Level
Date Well Tested:	Circle one Air Line Electric Measuring Line Steel Tage
Static Water Level (A): <u>5</u> Feet Below Land Surface Pumping Water Level (B): <u>50</u> Feet Below Land Surface	Other (specify):
Drawdown [(B) – (A)]: 38 Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
JAMES NEWS 0.586	(ames Walls		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		
	Form: OLWR-SWR-1B (04/08)		

RECEIVED JUL 0 9 2008 BY: OLWR