	State W	ell Report	For Office Use Only:	
Part 1 – Driller's Log			To ome or one	
County: James	Mississippi Department of Environmental Quality		Aquifer:	
Permit #: 0-180	Office of Land and Water Resources		Well #: 1 - 41	
Driller: Salk-		Box 2307 , MS 39225	L. S. Elevation:	
	(601)9	961- 5210	L. S. Elevation:	
Date drilling completed: 2-18-98	(601)961	1- 5228 (fax)	E-log #:	
State Law requires that this repo	nt be prepared by the lice	ense holder responsible jor	ine work und jueu man are Lor horehole.	
Department at the above address	within 30 days of comp		orehole Location	
Information on Well ((Landowper if boreholg is not f)wner or a water well)	cm 22 Cc	Hongitude: 31 . 18 .422	
	or a water wen;	Latitude: 88 . 22 , 20	2' Longitude:	
Owner Name What I	mycon A	3 ·	ne): Conventional Survey.	
	The oaks h	Method of Lat/Long (circle o		
Mailing Address: 13301	(ne out)	USGS quad. Hand-hele	d GPS, Survey-grade GPS	
		DE DE OF	2 Twn 3 N Rng 6 W	
0 11	20.412	11 1/4 10 1/4 Sec	Twn Kng	
Mos Part St	57766	Distance Direction	Nearest Town	
City St	ate Zip Code	Distance Direction Miles	of Cectrall, us	
Telephone No. (28) - 935 -	78 /I		,	
Telephone No. (254)				
	Well / Boro			
Date drilling started: 8-18-69 Date of	milling completed: 6-18	-8° Hole depth: 45	Hole diameter:	
Date drilling started: 2 10 to Date of	mining completed.	7 1		
Location of the source of any surface wa Method of dosing and volume of Chlori	ter used for drilling:	Acula, us	1 actil	
Method of dosing and volume of Chlori	ne used in drilling and deve	elopment: 2000 W	an aga com	
Logs run (circle all applicable): No log r	Electric Gamma Ray	Density Sonic Neutron	Other:	
Name of organization running log(s):	un Electric Gamma Ruy			
		· · · · · · · · · · · · · · · · · · ·	nd Source Heat Pumn	
Purpose of borehole (check one): Water	Well_Geotechnical/Geo	ological investigation Group	nu source ricar i amp	
Sainnia Survey Other (describe)				
If drilling is not relate	ed to water well constructi	on, skip the remainder of this	block	
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)				
If a flowing well, method of flow regulation. Valve				
Static Water Level: 3feet above of below directe one) land surface Date measured: 8-18-08				
Method of Measurement (circle one) Steel tape circline tape				
Well depth: 45 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 40 feet Casing diameter: 2 inches Type of casing: 5ch 40 Plaste				
Casing length: 70 feet Ca	sing diameter:	menes Type of casing.	SLODII	
Screen length: 5 feet Screen diameter: 2 inches Type of screen: Seh 801				
Type of completion (circle all applicable	e): Gravel packed Und	lerreamed Telescoped Op	en 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

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To (depth)

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

From (depth)

Ground Level

Description of Formations Encountered

				-5		· ,, ,	_
			while	Mes !		45	_
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Sketch the property layout and aid in locating the 4) a north arrow.	d include the following: 1) the water well; 3) any roads, power lines.	ell location; 2) any ps, or other items that	ermanent structure may aid in locatin	g the propert	and the well	U	
					•		

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

Date

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level.

11

Landowner Name:

Print Name of Responsible Licensee and License No.

Signature of Licensee RECEIVED

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STATE WELL REPORT

Permit #: 0 - 780 Driller: Scal | -

Copy information from block on Part 1

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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 (601)961-5228 (fax)

For Office Use Only:				
Aquifer:				
Well #:				
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: chicked Deenan	Latitude: <u>88-33 463</u> Longitude: <u>31-18-44</u> 2		
Mailing Address: 1330/ Thee color	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
	NE 1/1 NE 1/2 Sec 27 T 3N R GW		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. <u>228</u>) 9 35 - 2811	8 Miles noth of Caks ill, us		

	Pump Typ Circle on			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):				g of Motor:	
Date Pump Installed:	8-16	- 08	Setting Depth:	20 st lu	feet
Rated Pump Capacity	r: <u>/</u> O	Gallons Per Minute	Number of Stages:	_ 2	

Pump Test Data	Method of Measuring Water Level Circle one			
Date Well Tested: 8-18-08 Static Water Level (A): 5 Feet Below Land Surface Pumping Water Level (B): 20 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):			
Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	For flowing well, measured shut in head:feet Well yielded GPM with a drawdown of feet after 48hours of pumping			

	1		
I HEREBY CHRITIFY	hat the above statements are true to the l	pest of my knowledge.	
Joly	<u> </u>	Galk	
Print Name of Pump In	staller and License No. (if applicable)	Signature of Pump	Installer
			E OLIMP CIMP 4P (04/09)

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BY: OLWR