	State Well Deport			
State Well Report		For Office Use Only:		
County: Mississir	Part 1 - Driller's Log ppi Department of Environmental Quality	Aquifer:		
Darmit #	ffice of Land and Water Resources	Well #: L - 42		
Driller: Mrs. f. Linds	P.O. Box 10631	•		
Ormes.	Jackson, MS 39289-0631	L. S. Elevation:		
Date drilling completed: 8-1-08	(601)961-5210 (601)354-6938 (fax)	E-log #:		
State Law requires that this report be prepared	ared by the license holder responsible for t	the work and filed with the		
Department at the above address within 36	days of completion of ariting of the well or Be	prehole Location		
(Landowner if borehole is not for a water t	vell)			
` ,	Latitude:	" Longitude: " "		
Owner Name John Word Mailing Address: 9313 Will C	Dake & Method of Lat/Long (circle or	ne): Conventional Survey,		
	USGS auad. Hand-held	GPS, Survey-grade GPS		
0 - 0	753 956 4 4 Sec 16	Twn T3N RngR6W		
City State Z	ip Code Distance Direction 5 //2 Miles	of Carbabulls		
Telephone No. ()				
	Well / Borehole Data			
Date drilling started: 8.1-07 Date drilling comp	leted: 8-1-08 Hole depth: 160	Hole diameter		
Location of the source of any surface water used for a Method of dosing and volume of Chlorine used in dr	drilling:			
Logs run (circle all applicable): No log run Electric Name of organization running log(s):	Gamma Ray Density Sonic Neutron	Other:		
Purpose of borehole (check one): Water Well VGox	otechnical/Geological Investigation Ground	Source Heat Pump		
Seismic Survey	Other (describe)			
If drilling is not related to water	vell construction, skip the remainder of this blo	rct		
Purpose of Well (check one): Home VIndustrial_		1		
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 100 feet above or belo	ow (circle one) land surface Date measured:_			
Method of Measurement (circle one) steel tape	electric tape air line other:			
Well depth: 160 Well grouted to a depth of 10				
Casing length: 150 feet Casing diameter	: Z inches Type of casing:	200 40		
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PUC wages				
Screen slot size: 6 inches Setting		<u> </u>		
Type of completion (circle all applicable): Gravel pa	underreamed Telescoped Open	hole Natural Development		

Form: OLWR-SWR-1A

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

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. The sketch	below only	required for	water wells	
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If well	telescopes,	show	depths	on skete	<u>:h</u> .
Gire	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	
Clare	0	3
pand	3-	32
Cler	32	85
milt!	85	110
Clan	110	143
pand	143	160
		1
		1
		1
		†
		1
		1
		1
		
		
	-	
	L	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. Coales Rd Leakes oille	
Landowner Name: John Ward	
Form: OI WR SWE	

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

1aws.

Michael R Fryfog/20488208 Muchael

Print Name of Responsible Licensee and Licensee No. Date Signature of Licensee.

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STATE WELL REPORT

Part 2

County: Dreese

Permit #:

Pump Installer's Completion Report

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631

Jackson, MS 39289-0631 (601)961-5210

For	Office Use Only:
Aquifer:	
Well #:	L-42
Elevation:	

Date completed: 8-2-08		1S 39289-0631	Well#:		
• • • • • • • • • • • • • • • • • • • •	, ,	961-5210 4-6938 (fax)	Elevation:		
Copy information from block on Part 1	• •	, ,			
This part of the report must be completed by a lice report must be attached and both parts filed with	ensed water well o	contractor or a licensed	pump installer. A copy hin 30 days of well comp	of Part 1 of the letion.	
Well Owner Information	ine Department a	the above duaress wan	Well Location		
Owner Name: John Wand		Latitude:	Longitude:		
Owner Name: John Ward Mailing Address: 93/3 Wild C	Daba La		check one): Conventions		
			•		
Ocean Spring	39564	USGS quad, Hand-held GPS, Survey-grade GPS			
City State	Zip Code				
			ection Nearest Tov	4 4	
Telephone No. ()		5/2 Miles N of occupasville			
Pump Type Circle one			Power Type Circle one		
Air Lift Jet Subme	ersible	Diesel Engine	Gasoline Engine	Natural Gas	
Bucket Piston Turbin	ne	Electric Motor	Hand	Tractor PTO	
Centrifugal Rotary Flowing	ng Well	Windmill	Other (specify):		
Other (specify):	· · · · · · · · · · · · · · · · · · ·	Horse Power Rating of	f Motor: Z		
Date Pump Installed: 8-2.08		Setting Depth:	120	feet	
Rated Pump Capacity: 7 Gallons	Per Minute	Number of Stages:	3	-	
Pump Test Data		Method	l of Measuring Water I Circle one	.evel	
Date Well Tested:			Chece one		
Static Water Level (A): 100 Feet Below I		Air Line Electr	ric Measuring Line	Steel Tape	
Pumping Water Level (B): j 10 Feet Below L	and Surface	Other (specify):			
Drawdown [(B) – (A)]: j > Feet Below l	and Surface	For flowing well, meas	sured shut in head:	feet	
Test Pumping Rate: Gallons Per Minute		Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):	feet	after // hor	ırs of pumping		
I HEREBY CERTIFY that the above statements are	true to the best of	my knowledge.			
Michael R Fry Fogle 0	408	Michael	1 Rayon		
Print Name of Pump Installer and License No. (if ap	plicable)	Signature of P	rump Installer	OLIMP SIMP 18	

Form: OLWR-SWR-1B

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