/	1 State W	ell Report	
County: County	Part 1 - I	Driller's Log	For Office Use Only:
		t of Environmental Quality	Aquifer: <u>5 29</u>
Permit #:		nd Water Resources Box 2309	Weil #:
Driller: Milest Wad	Jackson	, MS 39225	L. S. Elevation:
Date drilling completed: $1 - 8 - 13$		961- 5210 1- 5228 (fax)	
	(001)90	1° 5220 (IdA)	E-log #:
State Law requires that this repor			
Department at the above address		<i>letion of drilling of the well</i> Well or Be	
Information on Well ((Landowner if borehole is not fe	or a water well)	weil or be	30 Location
Owner Name Hill Dope (1	Latitude 13/ 003 303	30 2" Longitud# 88 • 44 , 269 "
Mailing Address: 27526	Hung 8	Method of Lat/Long (circle or	ne): Conventional Survey,
Mailing Address: A 1 J J Q	iwg io		GPS, Survey-grade GPS
Leakesville.	M. 39451	<u>N2 45 W 4 Sec</u> 7	Twn TIN Rng R7W
City Sta	te Zip Code	Distance Direction	Nearest Town
Telephone No. ()			
10-010	Well / Bore	-	. 1//
Date drilling started: 12.28-12 Date dri			
Location of the source of any surface wate Method of dosing and volume of Chloring	er used for drilling: $\underline{\mathcal{N}}_{\mathcal{A}}$ e used in drilling and devel	οpment:	
Logs run (circle all applicable): No log run Name of organization running log(s):	n Electric Gamma Ray	Density Sonic Neutron	Other:
Purpose of borehole (check one): Water W	ell <u>Geotechnical/Geole</u>	ogical Investigation Ground	Source Heat Pump
	Survey Other (<i>describe</i>)	, skip the remainder of this bl	
	-		
Purpose of Well (check one): Home			
If a flowing well, method of flow regulatio			
		and surface Date measured:	
Method of Measurement (circle one) st		air line other:	
Well depth: $\underline{90}$ Well grouted to a dep	pth of <u>10</u> feet Type	of grout (circle one): Neat Cem	ent Bentonite Mix
Casing length: <u>80</u> feet Casin Screen length: <u>10</u> feet Scree	ng diameter:	_inches Type of casing:	$\frac{PUC40}{CL}$
Screen slot size: / /inches			
Type of completion (circle all applicable):			
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If tele	<u>scoped or more than one scree</u>	n, describe on next page
			Form: OLWR-SWR-1A (04/08)
			RECEIVED
			FEB 0.1 2013

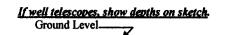
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BY: OLWR

\$29

The sketch below only required for water wells



N 6

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	
Clay	0	6
Land	6~	15
Clan	1.5	32
parta	32	35
- Cling ,	3,5	41
Rand finas	42	48
same 0	48	90
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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. Lucedal 984 980 Landowner Name: Kell Jop Churc

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. N04081-8-13 N Print Name of Responsible Licensee and Licensee No. Date

Signature of Licensee

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				529
County: $Arcene Permit #: Driller: M_{1} A M_{2} M_{3}Date completed: \int -8 - 1.3Copy information from block on Part 1This part of the report must be completedreport must be attached and both parts fileWell Owner Informat$	P Pump Installer's Mississippi Departmer Office of Land P.O. Jacksor (601) (601)96 by a licensed water well of with the Department of ion	<i>at the above address within 30 da</i> Wel	ays of well completi I Location	Use Only:
Owner Name: <u>Hill Jep.</u> () Mailing Address: <u>27526</u> <u>Hill</u> <u>Leakesvill</u> City State	Wy 98 M339451 Zip Code	Latitude: <u>M31-03-50</u> Method of Lat/Long (check or USGS quad, Hand-held 4 Sec Distance Direction <u>10 Miles NW</u> or	ne): Conventional S GPS, Survey-g	urvey, rade GPS
Pump Type Circle one JetAir LiftJetBucketPistonCentrifugalRotaryOther (specify):		C Diesel Engine Gasolin Electric Motor Hand	specify):	
Pumping Water Level (B): 80 Feet I Drawdown [(B) – (A)]: 5 Feet I	Below Land Surface Below Land Surface Below Land Surface Gallons Per Minute		ut in head:	iteel Tape
This is for (circle one): New Well I HEREBY CERTIFY that the above statem M/chqe/RFryFog/r Print Name of Pump Installer and Lieense N	ents are true to the best o		RFry	KL RECEIV

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