Alexand		ch keport	For Office Use Only:		
County: Present	Part 1 – Driller's Log				
Permit #: <u>0-780</u>	Mississippi Department of Environmental Quality		Aquifer:		
Perinit #:	Office of Land and Water Resources P.O. Box 2307		Well #: <u>U- 7/</u>		
Driller: Joel Pu		n, MS 39225			
Date drilling completed: 7-29-08		961- 5210	L. S. Elevation:		
Date drilling completed: 7 2 1 0	(601)96	1- 5228 (fax)	E-log #:		
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.					
			or borenoie.		
Information on Well ((Landowner if borehole is not fo					
	_	Latitude 82 . 29 , 851	" Longitude: 31 .01 .313.		
Owner Name Sol	eve	51	24		
(51 A	Date 11	Method of Lat/Long (circle or	e): Conventional Survey,		
Mailing Address: 654 Vau	ony runty	USCS I I I I I I I	GP8, Survey-grade GPS		
	J				
1 0	20.11	1/W 1/5W 1/ Sec 2 3	3 Twn 1 N Rng 5W		
Cuedale m		[*			
City Stat	e Zip Code	Distance Direction Miles 1 W	Nearest Town		
Telephone No. 601 So8 - 72	20	B Miles IW	of Cardaly, W		
Telephone No. (OUT) 808 1/	37				
	Well / Bore	hole Data			
7 14 an			2		
Date drilling started: 7-39-88 Date dri	lling completed: 1-29-	Hole depth: 12	Hole diameter:		
		1. A. 1. A.			
Location of the source of any surface water	r used for drilling:	quelle, us	to stond of the		
Location of the source of any surface water Method of dosing and volume of Chloring	used in drilling and devel	opment: 2000 Wa	as Agas care		
Logs run (circle all applicable). No log run					
Name of organization running log(s):					
Purpose of borehole (check one): Water W	ellGeotechnical/Geol	ogical Investigation Ground	Source Heat Pump		
Saigmin Symposy (denouite)					
Seismic Survey Other (describe)					
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:					
If a flaming well mostled of flam application, Mala					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level:					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 72 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 62 feet Casing diameter: 2 inches Type of casing: Sch to Plaste					
Screen length: 10 feet Screen diameter: 2 inches Type of screen: The Bo Plaster					
Screen slot size: 10 inches Setting depth: From 0 feet to 72 feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
Ton of longing on made at least to see to	C . TA.		and describe on word areas		
Top of lap pipe or reduction in casing:	reet. If tel	<u>escopea or more inan one scree</u>	n, uescribe un next page		
Form: OLWR-SWR-1A (04/08)					

State Well Report

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AUG 2 0 2008

BY: OLWR

48

50

From (depth) To (depth)
Ground Level

0

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

Description of Formations Encountered

	Rocks	50	72
<u> </u>			
If more than one screen, show location of each on sketch			
ketch the property layout and include the following: 1) the well locat	ion; 2) any permanent structu	res on the property that	may
aid in locating the well; 3) any roads, power lines, or oth 4) a north arrow.	er items that may aid in locat	ing the property and the	well;
n a notal actor.	/	1	
	net	$\langle z \rangle = 1$	Bushes Tune R
	Λο	2 / t	1 lan R
	4		
			well
		hand h	
- AD / I			
N Decleson Gould L	<u> </u>	And to	_
N Developer 10			E
/ 10 0\			
andowner Name: <u>Usa Helenl</u>			
		Form: OLWR-SW	R-1A (04/08)
ertify that the well/borehole was drilled, constructed, and comple	ted in accordance with all a	pplicable requirement	ts of the
ississippi Deparyment of Environmental Quality and the Mississip	pi Department of Health r	egulations if applicable	e, and state
we f \ \frac{1}{2}		0 V:	
Joelfu 0-780 7-29	-00 All	X I L	
rint Name of Responsible Licensee and License No. Date	G ignatur	of Licensee	RECEIV
			AUG 2 0 20
			BY: OLV

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level.

STATE WELL REPORT				
County, To See 1	Part 2 For Office Use Only:			
	's Completion Report nt of Environmental Quality Aquifer:			
Office of Land	and Water Resources			
1.0	Box 2309 n, MS 39225 Well #:			
(601)0)961-5210 61-5228 (fax) Elevation:			
CODY INFORMATION FROM OLOCK ON PAIL I				
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: Cosa Sucul	Latitude: 88-29 -851 Longitude: 30-01-393			
Mailing Address: 654 Busley Tunn Rd	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
City State Zip Code	<u>Nω 1/2 Sec 28 τ IN R 5ω</u>			
,	Distance Direction Nearest Town			
Telephone No. 601) 508-7239	Miles NW of Lundah ws			
Pump Type	Power Type			
Circle one	Circle one			
Air Lift Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Flectric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor:			
Date Pump Installed: 7-29-08	Setting Depth: 6 Jet live feet			
Rated Pump Capacity: Gallons Per Minute	Number of Stages:			
	West of CM coming Wester Lovel			
Pump Test Data	Method of Measuring Water Level Circle one			
Date Well Tested: 7-29-08	Air Line Electric Measuring Line Steel Tape			
Static Water Level (A):Feet Below Land Surface				
Pumping Water Level (B): 40 Feet Below Land Surface	Other (specify):			
Drawdown [(B) – (A)]: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): 48 hours	feet afterhours of pumping			
I HEREBY 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				
	Form: OLWESEN C LUNG			

AUG 2 0 2008

BY: OLWR