County: Harrison	Part 1 – Driller's Log	For Office Use Only:
county	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	<ul> <li>Office of Land and Water Resources</li> </ul>	Well #: A-79
Driller: 0-785	P.O. Box 10631	weii #:
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 9-27-6	(601)961-5210	
	(601)354-6938 (fax)	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.

Department at the above dadress within 30 days of comp	
Information on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well)	Latitude: <u>30 ° 37 '201</u> " Longitude: <u>59° 15 '349</u> "
Owner Name David Rivers	13 11
	Method of Lat/Long (circle one): Conventional Survey,
Mailing Address: 24813 Saucie Advance Rel.	USGS quad, Hand-held GPS, Survey-grade GPS
C. · ·	1/4 1/4 Sec_1/2 Twn_55_ Rng_13w
<u>Saulier Ms</u> City State Zip Code	Distance Direction Nearest Town
	Miles of
Telephone No. (228) 547 - 6116	
Well / Bore	hole Data
Date drilling started: 9-27-07 Date drilling completed: 9-27	7 Hole danthy IFA Hole diameters
Date drilling started: $\frac{7 - 27 - 07}{2}$ Date drilling completed: $\frac{7 - 27}{2}$	hole depth: Hole diameter:
Location of the source of any surface water used for drilling:	
Method of dosing and volume of Chlorine used in drilling and devel	lopment:
Logs run (circle all applicable) No log run Electric Gamma Ray	Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotechnical/Geol	ogical Investigation Ground Source Heat Pump
Seismic SurveyOther (describe If drilling is not related to water well constructio	) w skin the remainder of this block
1	
Purpose of Well (check one): Home Industrial Public Supply	/ Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve C	Other (describe)
Static Water Level: feet above of below (circle one)	and surface Date measured: <u><math>\frac{2}{2}</math></u>
Method of Measurement (circle one) steel tape electric tape	air line other:
Well depth: Well grouted to a depth of feet Type	Mart Coment Portonite Min
wen depin: wen grouted to a depin offeet type	e of grout (circle one): Neat Cement Bentonite Mix
Casing length: <u>172</u> feet Casing diameter: <u>2</u>	inches Type of casing:
Screen length:feet Screen diameter:	inches Type of screen:
Screen slot size:inches Setting depth: From	170 feet to 180 feet
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open hole Natural Development
Other (describe):	RECEIVED
Top of lap pipe or reduction in casing:feet. If te	lescoped or more than one screen, describe on next page 2007

BY OLWR-SWR-1A

## 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) 7	o (depth)
w clay Clay Sand	Ground Level	60
Clarg	60	160
Sand	160	180

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. North Actions & Roli 101 thank Landowner Name:

Form: OLWR-SWR-1A

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.

MAlvin Wagnon 0-285 9-27-07 Print Name of Responsible Licensee and License No. Date

Censee OCT 0 5 2007 Mult

Signature of Licensee

BY: OLWR

	STATE W	ELL REPORT	
County: <u>Harricen</u> Permit #:	Pump Installe Mississippi Departm Office of Land P.O Jackson, (60)	Part 2 "s Completion Report ent of Environmental Quality and Water Resources Box 10631 MS 39289-0631 1)961-5210 54-6938 (fax) For Office Use Only Aquifer: Well #: Elevation:	1
report must be attached and both po Well Owner Inf	arts filed with the Department	contractor or a licensed pump installer. A copy of Part 1 of at the above address within 30 days of well completion. Well Location	
Owner Name: Dawid Rivers		Latitude: 38-37, 201 Longitude: 88-15 34	
	State Zip Code	Method of Lat/Long (check one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS <sup>1/4</sup> <sup>1/4</sup> Sec T R Distance Direction Nearest Town Miles of	S
Pump Ty Circle or	-	Power Type Circle one	
Air Lift JED	Submersible	Diesel Engine Gasoline Engine Natural G	Gas
Bucket Piston	Turbine C	Electric Motor Hand Tractor P	OTO
Centrifugal Rotary	Flowing Well	Windmill Other (specify):	
Other (specify): Date Pump Installed:		Horse Power Rating of Motor:	
Rated Pump Capacity:		Setting Depth:feet Number of Stages:2	
Pump Test		Method of Measuring Water Level Circle one	
Static Water Level (A):25	_Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):	2
Pumping Water Level (B): <u>/00</u> Drawdown [(B) – (A)]: <u>25</u>		For flowing well measured shut in her t	
Test Pumping Rate:		For flowing well, measured shut in head:fe Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 h	ours): <u>24</u> hours	feet afterhours of pump.	ina
HEREBY CERTIFY that the above a	statements are true to the best of	f my knowledge.	
Print Name of Pump Installer and Lice	ense No. (if applicable)	Signature of Pump Installer	4

Form: OLWR-SWR-1B