	State Well Report	
County: Harrison	Part 1 – Driller's Log	For Office Use Only:
County:	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: C- 375
Driller: 0785	P.O. Box 10631	well #:
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 7-10-07	(601)961-5210	
	(601)354-6938 (fax)	E-log #:

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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.

Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)				
(Lunuowner ij vorenoie is not jor a water weit)	Latitude: 30 ° 34 ' 458'' Longitude: 59 ° 04 '391''			
Owner Name T.D. or Martha Tyrone	22 23			
Mailing Address: 14159 E. Wortham Rd	Method of Lat/Long (circle one): Conventional Survey,			
Squeier MS 39574	USGS quad, Hand-held GPS, Survey-grade GPS			
	¹ / ₄ ¹ / ₄ Sec d Twn <u>35</u> Rng // 1			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. (228) 623-5726	Miles of			
Well / Borehole Data				
Date drilling started: 7-10-07 Date drilling completed: 7-10-	-07 Hole denth: 190 Hole diameter: 5"			
Location of the source of any surface water used for drilling:				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): Home / Industrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above & below & ircle one) land surface Date measured:7-18-03				
Method of Measurement (circle one) steel tape electric tape air line other: RECEIVE				
Well depth: <u>190</u> ' Well grouted to a depth of <u>10</u> feet Type of grout (circle on <u>c): Neat Cement</u> Bentonite AUG 0 8 2007				
Casing length: 180 feet Casing diameter: 2 inches Type of casing: RVC BY-OL				
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PUC</u>				
Screen slot size:inches Setting depth: Fromfeet tofeet tofeet				
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Developmen			
Other (describe):				
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page				
	Form: OLWR-SWR-1A			

C-375

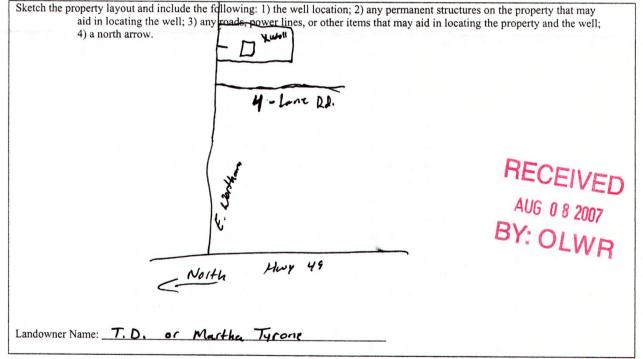
The sketch below only required for water wells

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)	lo (uepi
	Ground Level	
clast	0	15
Sand	15	75
clay,	75	120
SAnd	120	130
Clay		155
SAnd	130	19
Sifild		

If more than one screen, show location of each on sketch



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.

Date

Malvin Wagnon 0785 7-10-07 yunt Wagnes

Print Name of Responsible Licensee and License No.

Signature of Licensee

STATE WE	ELL REPORT			
Permit #: Pump Installer's Driller: 0785 ⁻ Date completed: 7-10-07	art 2 For Office Use Only: s Completion Report Aquifer: ut of Environmental Quality Aquifer: 30x 10631 Well #: 18 39289-0631 Well #: 961-5210 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: T.D. or Martha Tyrone Mailing Address: 14159 E. Wortham Rd Saucier MS 89574 City State Zip Code Telephone No. (228) 623-5724	Weil Location Latitude: 20° 34, 459 Longitude: Method of Lat/Long (check one): Conventional Survey			
Air Lift Jet Submersible	Power Type Circle one			
Bucket Piston Turbine	Diesel Engine Gasoline Engine Natural Gas			
Date Pump Installed: 7 10 2	Windmill Other (specify): Horse Power Rating of Motor: Setting Depth:			
Rated Pump Capacity:Gallons Per Minute	Number of Stages: AUG 0 8 2007			
Pump Test Data Date Well Tested: 7-10-07 Static Water Level (A): 90' Feet Below Land Surface Pumping Water Level (B): 120'	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):			
Drawdown [(B) – (A)]: 30' Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): 24'	For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown of feet afterhours of pumping			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Malvin Wagnon 0785 Print Name of Pump Installer and License No. (if applicable)

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Signature of Pump Installer

Form: OLWR-SWR-1B