	State W	en Keport	For Office Use Only:		
County: Harrison	Part 1 - Driller's Log		•		
•	Mississippi Department	of Environmental Quality	Aquifer:		
Permit #:		nd Water Resources	Well #: _ & - / '/8		
Driller:		ox 10631			
	Jackson, M	S 39289-0631	L. S. Elevation:		
Date drilling completed: 12-10-07	(601)354	961-5210 1-6938 (fax)	E-log #:		
] (001)33-	1-0750 (lun)			
State Law requires that this repo	rt be prepared by the lice	ense holder responsible for i	the work and filed with the		
Department at the above address	s within 30 days of comp	letion of drilling of the well	or borehole.		
Information on Well	Owner	Wall or Ro	rahala Laratian		
(Landowner if borehole is not f	or a water well)	Latitude 1 . D.	Longitude , J		
Owner Name Jim Culasor	^	' 78 4	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 		
	lame Jim Culpeter Method of Lat/L		nc): Conventional Survey,		
Mailing Address: 28545		USGS and Hand-held	GPS Survey-grade GPS		
W. Malley	Rd.				
	20074	¼¼ Sec_30			
Pass Christian A	(5. 375 - 5	Direction Direction	Negreet Town		
•	•	Miles N. M.	of Brack		
Telephone No. (865) 216-99	795	1711100			
	Well / Bore	hole Data	1 6/1		
Date drilling started. That d	rilling completed	Hole depth:	Hole diameter:		
Date driving stated.	Timing some				
Location of the source of any surface wa	ter used for drilling:				
Method of dosing and volume of Chlorin	ne used in drilling and devel	opment:			
Logs run (circle all applicable): No log run Name of organization running log(s):	in Electric Gamma Ray	Density Sonic Neutron	Other:		
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump					
Seismic	SurveyOther (describe	·)			
If drilling is not relate	d to water well constructio	n, skip the remainder of this b	lock		
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulati			, ,		
Static Water Level:feet above or below (circle one) and surface Date measured:					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: Well grouted to a depth offeet Type of grout (circle one) (Neat Cement Bentonite Mix					
Casing length: 250 feet Casing diameter: 31 inches Type of casing:					
Screen length: 2 feet Screen diameter: 2 inches Type of screen:					
Screen slot size: 356 inches Setting depth: From 350 feet to 415 feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page					
M.W.			Form: OLWR-SWR-1A		

F.C. 30.27.767

The sketch below only required for water wells

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

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

Description of Formations Encountered		To (depth)
JOH SOIL	Ground Level	17
SAND GRAVEL	14	160
Cla'	160	360
SAND	340	4/0
	,	

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 p aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the prop 4) a north arrow. CHEVENE RA SLAB CIRT NAME NAME	roperty that may perty and the well;
Landowner Name:	
	Farm, OLWE CWD

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

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT

Part 2 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 #:	178	
Elevation:	******************************	

Date completed: 1-8-05	Jackson, M (601)	S 39289-0631 961-5210		ion:	
Copy information from block on Part 1	,	1-6938 (fax)			
This part of the report must be completed be report must be attached and both parts filed	y a licensed water well c I with the Department at	ontractor or a licensed the above address wit	d pump installer. thin 30 days of w	A copy of Part 1 of the ell completion.	
Well Owner Information		Well Location			
Owner Name: Tim Culpeper		Latitude: 30° 29, 05 Longitude: 84° 19, 070'			
Mailing Address: 28545		Method of Lat/Long (check one): Conventional Survey,			
W. Malley		USGS quad, Hand-held GPS, Survey-grade GPS			
Pass Christian MS. City State	39571	1/41/4	SecT	R	
City State	Zip Code	Distance Dir	rection Nea	rest Town	
Telephone No. <u>865</u> 2/6 - 99	95	Miles	of		
Pump Type Circle one			Power Typ Circle one	1	
	Submersible	Discal Engine			
		Diesel Engine	Gasoline Engin		
		Electric Motor	Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill	Other (specify)		
Other (specify):		Horse Power Rating	of Motor:	5	
Date Pump Installed: 1-8-08		Setting Depth:	140	feet	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	· · · · · · · · · · · · · · · · · · ·		
Pump Test Data		Metho	od of Measuring		
Date Well Tested: 1-8-08	The state of the s		Circle one		
Static Water Level (A): 90 Feet Below Land Surface		Air Line Elec	ctric Measuring L	ine Steel Tape	
Pumping Water Level (B): 140 Feet Be	elow Land Surface	Other (specify):			
Drawdown [(B) – (A)]: Feet B	elow Land Surface	For flowing well, me	asured shut in hea	nd:feet	
Test Pumping Rate:	Well yieldedGPM with a drawdown of				
Duration of Pump Test (minimum 4 hours): _	24 hours	fee	et after	hours of pumping	
I HEREBY CERTIFY that the above stateme	nts are true to the best of	my knowledge.			

ARUTN WAGNON 0-785 Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWR-1B

A OLIMP