	
County: Marrison	_
Permit #: 0-652	.
Driller: R. Mason	
Date drilling completed: 4//4/	27

State Well Report Part 1 – Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well #: F- 489		
L. S. Elevation:		
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 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)	100 10 20 53 50 0 0 1000 101 201A	
Owner Name Satthew livner	Latitude: 140° 2 9'57.5" Longitude W89° 14' 34.0	
Owner Name / / / / / / / / / / / / / / / / / / /	Method of Lat/Long (circle one): Conventional Survey	
Mailing Address: 13470 Alceck 112 and	Without of Lab Long (their old). Conventional Survey	
1.10- 4.11	USGS quad, Hand-held GPS, Survey-grade GPS	
OU TOUT, NO		
-200 245 1552		
City State Tin Code	Distance Disastine Manua Ton	
City State Zip Code	Distance Direction Nearest Town Miles of OULF DOL	
Telephone No. ()	- Winds of Dorrange	
	<u> </u>	
Well / Bogel	hole Data	
alliston willis	110	
Date drilling started: 7/10/Date drilling completed:	Whole depth: 400 Hole diameter. 400	
Location of the source of any surface water used for drilling:	000	
Method of dosing and volume of Chlorine used in drilling and develo	poment: 4/h per 1000/h 89/. Chloran	
	· · · · · · · · · · · · · · · · · · ·	
Logs run (circle all applicable): No log run Electric Gamma Ray	Density Sonic Neutron Other:	
Name of organization runking log(s):		
Burnoon of hombolo (about and), Water Wall X		
Purpose of borehole (check one): Water Well Geotechnical/Geolo	ogical 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 lrrigation Fish Culture Other:		
If a flowing well, method of flow regulation: Valve MA Ot	ther (describe)	
1 - 1		
Static Water Level: 60 feet above or below (circle one) land surface Date measured: 4//6/07		
No. 1 (1)	Dhank hah	
Method of Measurement (circle one) steel tape electric tape	air line other: Plum 10 10010	
Well depth: Well grouted to a depth of 5 feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: 430 feet Casing diameter: 4X2 inches Type of casing: PVC		
10	- N	
Screen length: / C feet Screen diameter: ** ** ** ** ** ** ** ** ** ** ** ** **	inches Type of screen:	
Samuel State of the State of th	130 . «/«/D	
Screen slot size: 00 6 inches Setting depth: From 480 feet to 440 feet		
Type of completion (circle all applicable): Gravel packed Underro	eamed Telescoped Open hole Natural Development	
Ondent	eamed Telescoped Open hole Natural Development	
Other (describe):		
Ton of longing on authorize in such as N/A		
Top of lap pipe or reduction in casing: /// feet. If tele	scoped or more than one screen, describe on next page	

Form: OLWR-SWR-1A

F- 484

The sketch below only required for water wells	Description of formations encountered must be provided wells and boreholes, unless specifically exempted by regu	<u>for all</u> clations
If well telescopes, show depths on sketch. Ground Level.	Description of Formations Encountered From (depth) Ground Level	To (depth)
200' 4"PVC Screen	Sandy Red Clay 3 Corse Sand 15 Soft Blue Cday 30 Rodd Blue Clay 180	3 75 50 780 200
320 2°PVC Screen	Fine H.O SOND 200 Soft Blue Clay 200 Hard Blue Cay 200 Course H.O Sond 470	320 320 470 520
a Puc Screen		
2'Backwash Valv		
Sketch the property layout and include the following: 1) the well aid in locating the well; 3) any roads, power lines, c 4) a north arrow.	location; 2) any permanent structures on the property that may or other items that may aid in locating the property and the wel	!;
Landowner Name:		
certify that the well/borehole was drilled, constructed, and co		the
Mississippi Department of Environmental Quality and the Missays. (Nald D. Mason 0-650	sissippi Department of Health regulations, if applicable, an	

Date

Print Name of Responsible Licensee and License No.

558-392-2031

Signature of Licensee

STATE WELL REPORT			
	Art 2 Completion Report For Office Use Only:		
Permit#: U COO Mississippi Department	t of Environmental Quality nd Water Resources Aquifer:		
Driller: 1. Mason P.O. E	lox 10631 F - 484		
Date completed: (601)	961-5210		
Copy information from block on Part 1	1-0938 (lax)		
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: Matthew Luxner	Latitude: N30 29 57.5 Longitude: W89 14 24.0		
Mailing Address: 13470 Alcede Lizana	Method of Lat/Long (check one): Conventional Survey,		
Gulfport, US	USGS quad, Hand-held GPS, Survey-grade GPS		
3950/	'¼'¼ SecTR		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. 028 265, 1553	Milesof		
Pump Type	Power Type		
Circle one	Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor.		
Date Pump Installed: 4/16/07	Setting Depth:feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
1/1/1/1/1	Circle one		
Date Well Tested: 4//4/0/	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): Feet Below Land Surface	Other (specify): Plumb DO b		
Pumping Water Level (B): OFFeet Below Land Surface	For flowing well measured shut in head: NA feet		
Drawdown [(B) – (A)]: Feet Below Land Surface For flowing well, measured shut in head:			
Test Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	feet after hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			

Form: OLWR-SWR-1B

Royald D. Hasur O 650 Print Name of Pump Installer and License No. (if applicable)