County: Harrison	State Well Report Part 1 – Driller's Log	For Office Use Only:
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	F- 489
Driller: 0-785	P.O. Box 10631	Well #:
Dimer.	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 10-30-07	(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)	
a a plan c u	Latitude: 30 ° 10 '3/2" Longitude: 84° 12 '020
Owner Name Patricia Garrett	Method of Lat/Long (circle one): Conventional Survey,
Mailing Address: 15241	
C.C. Camp Rd.	USGS quad, Hand-held GPS, Survey-grade GPS
Cici Lamp Ra.	NE 1/2 5w 1/4 Sec 21 Twn 6.5 Rng /2w
City State Zip Code	/4 Job I win King
City State Zip Code	Distance Direction Nearest Town
	Miles of
Telephone No. (601) 358 - 2261	
Well / Bore	hole Data
Date drilling started: 10 - 39 Date drilling completed: 10-	30 Hole denth: 180 Hole diameter: 5"
Date anning stated. <u>TO TO</u> Date anning completed. <u>TO</u>	
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 <u></u> Geotechnical/Geol	entre la complete de
Tupose of borenoie (check one). water wen <u>~</u> Geolechnical/Geol	ogical investigation Ground Source Heat Pump
Seismic Survey Other (<i>describe</i>	
If drilling is not related to water well constructio	n, skin 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 O	Other (describe)
Static Water Level:feet above or below & circle one)	land surface Data massing 10 - 70
State water Level reet above of below (effete one)	and surface Date measured:
Method of Measurement (circle one) steel tape electric tape	air line other:
Well depth: 140 Well grouted to a depth of 15 feet Type	of grout (circle ope). Neat Cement Bentonite Mix
2 1 1 1 1 2 0 2 1 2 1 2 2	
Casing length: <u>170</u> feet Casing diameter: <u>2</u>	inches Type of casing:
Screen length: <u>10</u> feet Screen diameter: <u>2</u>	inches Type of series PILC
Screen slot size:inches Setting depth: From	170 feet to 180 feet
Type of completion (circle all applicable): Gravel packed Under	reamed Telesconed Onen helt
Type of completion (encle an applicable). Gravel packed Under	Teamed Telescoped Open note Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If te	lescoped or more than one screen, describe on next page
	Form: OLWR-SWR-1/

NOV 15 2007 BY: OLWR

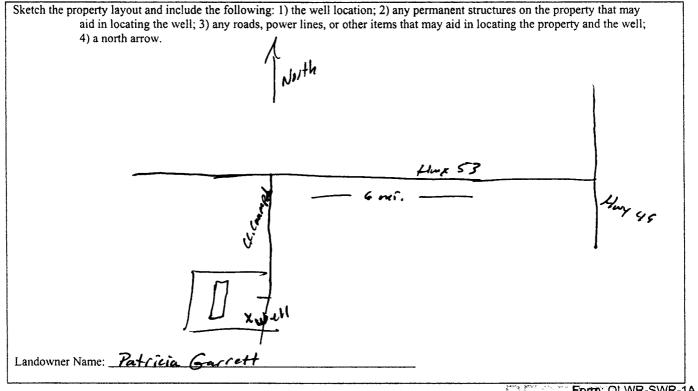
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Description of formations encountered must be provided for all

The sketch below only required for water wells

<u>Il telescopes, show depths on sketch.</u> Ground Level	Description of Formations Encountered From (depth)	To (depth
× ···· · · · · · · · · · · · · · · · ·	Clay Ground Lev	
	Sand 20	45
	Clay 45	45
	Sand 65	25
	<u>Clay</u> 75	160
	Sand 160	120

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. Malvin Wagnon D-785 10-30-07 Mil 1 apr

Print Name of Responsible Licensee and License No.

Signature of Licensee

Date

	STATE WELL RE	PORT	
County: HAIrison			
Permit #:	Pump Installer's Completion Mississippi Department of Environ	mantal Quality	
Driller:O-??5	Office of Land and Water Re	esources	
	P.O. Box 10631	31 Well #: F-489	
Date completed: 10-30-07	Jackson, MS 39289-06 (601)961-5210	31 Well #:	
Copy information from block on Part 1	(601)354-6938 (fax)	Elevation:	
report must be attached and both parts fil	led with the Department at the above a	a licensed pump installer. A copy of Part 1 of the address within 30 days of well completion.	
Well Owner Informa		Well Location	
Owner Name: Patrine Garre	++ Latitude:_	30°30,312' Longitude: 89° 12, 020'	
Mailing Address:	Method of	Method of Lat/Long (check one): Conventional Survey,	
C.C. Cam	•	d, Hand-held GPS, Survey-grade GPS	
City State	39503 1/4	¹ /4 Sec T R	
City State		Direction	
		Direction Nearest Town	
Telephone No. (601) 359 - 2:	2 <u>61</u> M	Ailes of	
Pump Type		Power Type	
Circle one		Circle one	
Air Lift Jet	Submersible Diesel Eng	ine Gasoline Engine Natural Gas	
Bucket Piston	Turbine Electric Mo	btor Hand Tractor PTO	
Centrifugal Rotary	Flowing Well Windmill	Other (specify):	
Dther (specify):	Horse Powe	er Rating of Motor:/	
Date Pump Installed: / O - 30 -	- 07 Setting Dep	oth:feet	
Rated Pump Capacity:	_Gallons Per Minute Number of	Stages:2	
Pump Test Data		Method of Measuring Water Level	
	57	Method of Measuring Water Level Circle one	
Date Well Tested: / O - 30 - c	Air Line Air Land Surface	Circle one Electric Measuring Line Steel Tape	
Date Well Tested: 70 - 30 - 6	t Below Land Surface Air Line Other (spec	Circle one	
Date Well Tested:	t Below Land Surface Air Line Below Land Surface Other (spec	Circle one Electric Measuring Line Steel Tape	
Pump Test Data Date Well Tested: 10 - 30 - 6 Static Water Level (A): 50 Feet Pumping Water Level (B): 90 Feet Drawdown [(B) - (A)]: 30 Feet Test Pumping Rate:	t Below Land SurfaceAir LineBelow Land SurfaceOther (spectrum)Below Land SurfaceFor flowing	Circle one Electric Measuring Line Steel Tape	

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

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 Malvin Wagnon
 0 - 285
 MLC
 Dage RECEIVE

 Print Name of Pump Installer and License No. (if applicable)
 Signature of Pump Installer
 RECEIVE

 Signature of Pump Installer
 NOV 15 2007

BY: OLWR