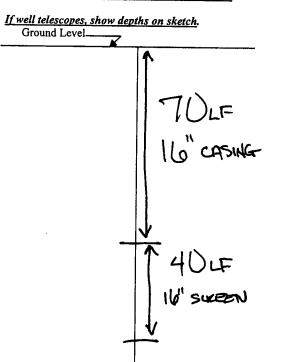
WHITE HEAD

4.2 . 1

State W	/ell Report	
County: WASHINGTON Part 1 - I	Driller's Log	
	nt of Environmental Quality Aquifer: 154	
P.O. P.O.	Box 2309 Well #:	
Jackson	n, MS 39225 961- 5210 L. S. Elevation:	
Date drilling completed (601)96	1- 5228 (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 comp Information on Well Owner	bletion of drilling of the well or borehole. Well or Borehole Location	
(Landowner if borehole is not for a water well)		
Owner Name JD White head	Latitude: $33 \circ 00^{\circ}$, 10° Longitude: $91 \circ 03^{\circ}$, 01°	
Mailing Address: 2073 Lakewashington	Method of Lat/Long (circle one): Conventional Survey,	
Road East	USGS quad, Hand-held GPS, Survey-grade GPS	
Chathan MS 3873	SW NW Sec 5 Twn 13N Rng OSW	
City State Zip Code	Distance Direction Nearest Town	
Telephone No. (The Miles of or the Name	
Well / Bore	hole Data	
Date drilling started: $2\cdot 2 \cdot 12$ Date drilling completed: $2\cdot 2 \cdot 12$	12 Hole depth: 112 Hole diameter: 24	
Location of the source of any surface water used for drilling: LAKE WASHINGTON Method of dosing and volume of Chlorine used in drilling and development: CHORINE TABLETS		
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 or below (circle one) land surface Date measured:		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth: <u>ID</u> Well grouted to a depth of <u>D</u> feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: <u>10</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C.</u>		
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>P.V.C</u> .		
Screen slot size: _,050_ inches Setting depth: From	feet to <u>feet</u>	
Type of completion (circle all applicable): Gravel packed Under	reamed 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		
Form: OLWR-SWR-1A (04/08)		

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The sketch below only required for water wells



wells and boreholes, unless specifically	aramented by near	<u>Jor un</u>
	exempted by regi	<u>ilulions</u>
Description of Formations Encountered	From (depth)	To (doubl)
TOP SOLL		
EWE CAN	Ground Level	10
FILE ZAM		30
MED FINE SAND	50	65
COALSE SAND PLODE STRI	7 65	UV UV
BOTTOM	110	12
		<u> </u>
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Description of formations encountered must be provided for all

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. Landowner Name:

Form: OLWR-SWR-1A (04/08)

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.

2.24.2012 0773 JOHN NEWCOME

0

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

	ELL REPORT	For Office Use Only:	
Dumm Installor	Part 2 's Completion Report	Aquifer:	
Permit #: W 46502 Mississippi Departme	ent of Environmental Quality		
	and Water Resources . Box 2309	Well #:	
Date completed: S/) / / / D Jackson	on, MS 39225	Elevation:	
	1)961-5210 61-5228 (fax)		
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department			
Well Owner Information	Wel	ll Location	
Owner Name: J.D. Whitehead	Latitude: 33 00 , 10 "	Longitude: <u>91 ° D3 · D1</u> "	
Mailing Address: 2073 Lake Washington	Method of Lat/Long (check or	ne): Conventional Survey,	
Road East	-	GPS , Survey-grade GPS	
Δ			
City State Zip Code	<u>JE 1/ NE 1/4 Sec</u>	<u>06 t 13N r 08W</u>	
	Distance Direction	f_GLENALLEN	
Telephone No. ()	1.5 Miles $3E$ o	GLENALLEN	
Dump Tama		<u>т</u>	,
Pump Type Circle one		wer Type Eircle one	
Air Lift Jet Submersible	Diesel Engine Gasolir	ne 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	60	
Date Pump Installed: 5/12/12	Setting Depth:O		
Rated Pump Capacity: 2400 Gallons Per Minute	1		
Kaleu Pump Capacity: Gallons Per Minute	Number of Stages:		
Pump Test Data		asuring Water Level	
Date Well Tested:	Air Line Electric Mea	ircle one suring Line Steel Tape	
Static Water Level (A):Feet Below Land Surface		-	
Pumping Water Level (B):Feet Below Land Surface	Other (specify):		
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured sh	ut in head:feet	
Test Pumping Rate: Gallons Per Minute	Well yielded	_GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet after	hours of pumping	
			_
This is for (circle one): New Well Replacement of Ext	sting Pump Repair of Ex	isting Pump RECE	VFC
		·]
I HEDEDV CEDTIEV that the share states of the states		JUN 1 8	2012
I HEREBY CERTIFY that the above statements are true to the best of			i a sera
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump In:		WR
Print Name of Pump installer and License No. Di applicable)			

A154

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