	State Well Deport	
	State Well Report	For Office Use Only:
County: ItawamBa	Part 1 – Driller's Log	For Onice Use Only:
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: C - 18
Driller: Tom hossi 0-509	P.O. Box 10631	weil #.
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: <u>6 - 16 - 05</u>	(601)961-5210	
	(601)354-6938 (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 completion of drilling of the well or borehole.

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Department at the above and ess wanth 50 days of comp					
Information on Well Owner	Well or Borehole Location				
(Landowner if borehole is not for a water well)					
	Latitude:' Longitude:' "				
Owner Name <u>Glan Rogars</u>					
	Method of Lat/Long (circle one): Conventional Survey,				
Mailing Address: 160 Tearson Rd					
	USGS quad, Hand-held GPS, Survey-grade GPS				
	14 14 Sec_ <u>36</u> Twn <u>7</u> <u>8</u> Rng <u>10</u> <u>F</u>				
Goldon NIS 38847	7474 - 562 - 06 - 1 Wil - 7 - 1 Kilg - 70				
Golden MS 38847 City State Zip Code	Distance Direction Nearest Town				
	Miles of				
Telephone No. (462) 585 - 391-3					
Well / Bore	hole Data				
Date drilling started: 6/14/03 Date drilling completed: 6/16/0	Provide the Hole diameter: $8^{\prime\prime}$ Hole diameter: $8^{\prime\prime}$				
Location of the source of any surface water used for drilling:					
Method of dosing and volume of Chlorine used in drilling and development:					
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	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 X_ Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: <u>80</u> feet above of below (circle one) land surface Date measured: $\frac{1}{16/25}$					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: <u>100</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one); Neat Cement Bentonite Mix					
Casing length: 9/7 feet Casing diameter: 14 inches Type of casing					
Casing length: <u>9</u> feet Casing diameter: <u>4</u> inches Type of casing:					
Screen length: _/feet Screen diameter:inches Type of screen:					
Screen slot size: <u>()/ ()</u> inches Setting depth: From	<u>97</u> feet to/ <i>00</i> 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					
	Form: OLWR-SWR-1A				

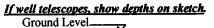
JUL 0 2 2008 BY: OLWR

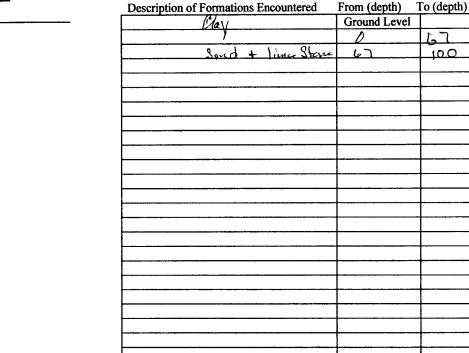
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The sketch below only required for water wells

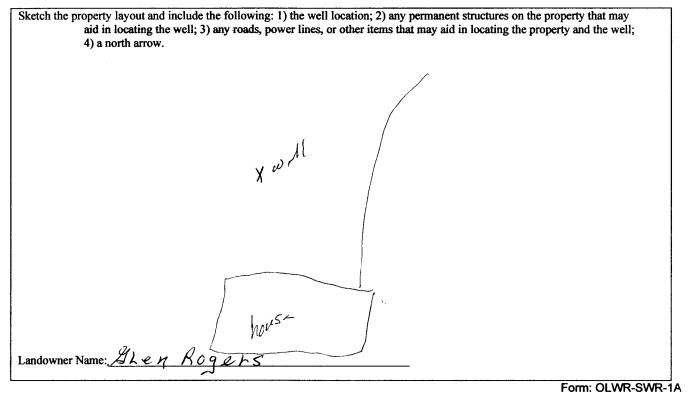




Description of formations encountered must be provided for all

wells and boreholes, unless specifically exempted by regulations

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



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.

Thomas Rossi 0-509 _____6/16/08 mas Print Name of Responsible Licensee and License No. Dáte Signature of Licensee RECEIVED

JUL 0 2 2008 BY: OLWP

STATE WELL REPORT					
County: $\underline{T + \alpha} \ \underline{\omega \ a \ m \ B \alpha}$ ParameterPermit #:Pump Installer'sDriller: $\underline{T \ b \ m \ b \ u \ s \ c \ o - 509}$ Mississippi DepartmentDriller: $\underline{T \ b \ m \ b \ u \ s \ c \ o - 509}$ Office of Land aDate completed: $\underline{b - 16 - 0 \ s}$ (601)		Part 2 's Completion Report nt of Environmental Quality and Water Resources Box 10631 MS 39289-0631)961-5210 64-6938 (fax) contractor or a licensed pump installer. A copy of Part 1 of the			
<u>City MS 38847</u> <u>City State Zip Code</u> Telephone No. (662),595 - 3963		'4 Sec_ <u>36</u> T_ <u>7</u> _S_R_10 E Distance Direction Nearest Town Milesof			
Pump Type Circle one		Power Type Circle one			
Air Lift Jet	Submersible		ne Engine Natural Gas		
Bucket Piston		Electric Motor Hand			
Centrifugal Rotary			(specify):		
Other (specify):		Horse Power Rating of Motor:			
Pump Test Data Date Well Tested:			easuring Water Level Circle one asuring Line Steel Tape		
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured s			
Test Pumping Rate:	_		GPM with a drawdown ofhours of pumping		
I HEREBY CERTIFY that the at	bove statements are true to the best o 0509 d License No. (if applicable)	f my knowledge. <u>J-Jerra</u> has Signature of Pump In	nstaller Form: DEWE WELTE		

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JUL 0 2 2008 BY: OLWR