County: Lackson
Permit #
Driller: Mk + Word
Date drilling completed: ////8-09

State Well Report Part 1 - Driller's Log

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2307 Jackson, MS 39225

(601)961- 5210 (601)961- 5228 (fax)

 For Office Use Only:				
Aquifer:				
Well #:				
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.					
Information on Well Owner Well or Borehole Location					
(Landowner if borehole is not for a water well) Latitude: 30 .38 .56 "Longitude: 88 . 32 . 56"					
Owner Name B Constant Office of Latitude: Value of					
Mailing Address: 930 CHCL Kill Konny					
USGS quad, Hand-held GPS, Survey-grade GPS 6W 5£ 1/4 Sec 3.5 Twn 6W Rng					
City State Zip Code Distance Direction Nearest Town Miles of					
Telephone No. ()					
Well / Borehole Data	-				
Date drilling started: 1/-18-69 Date drilling completed: 1/-18-69 Hole depth: 55 Hole diameter: 7/2					
Date drilling started: // / / Date drilling completed. / / / / note depail.					
Location of the source of any surface water used for drilling: Location of the source of any surface water used for drilling: Location of the source of any surface water used for drilling: Location of the source of any surface water used for drilling:					
Method of dosing and volume of Chiorine used in drifting 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 Geotechnical/Geological Investigation Ground Source Heat Pump					
Seismic SurveyOther (describe)					
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: 20 feet above or below (circle one) land surface Date measured:					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 35 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 40 feet Casing diameter: 4 inches Type of casing: $\omega \sim 4$					
Screen length: 15 feet Screen diameter: 4 inches Type of screen: PVL way 201					
Screen slot size: 10 inches Setting depth: From 40 feet to 5.5 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 (04/08)



The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level_

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clan	(2
Range	2	29
Clay of Rand	2.5	133
Rond	33	35
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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.					
1 mil					
Landowner Name: CB Daveloper					

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

Fry Tugle 0408 11-18-09 Michael K
le Licensee and Licensee No. Date Signature of Licensee

Print Name of Responsible Licensee and License No.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

ackson

Date completed: 11-27-89

County:

Driller: M

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210

	For Office lise Only:
Aquiter	C138
Well #:	
Elcvatio	n:

(601)354-6938 (fax)

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

This report mus	st be prepared by	the pump installer in art 1 of this report ma	ust be attached to this report.			
	Owner Informati		Well Location			
Owner Name: S	Devel	open	Latitude: Longitude:			
Mailing Address: 938 Old Rife Range			Method of Lat/Long (circle one): Conventional Survey,			
		Per	USGS quad, Hand-held GPS, Survey-grade GPS			
Pe	tal Ms	39465 Zip Code	4 Sec 35 Twn R6WRng 745			
City	Suic	zap code	Distance Direction Nearest Town			
Telephone No. ()						
	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: _/_	1-27-09	THE RESIDENCE OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY	Setting Depth: 55 feet			
Rated Pump Capacity: _	3.5	Gallons Per Minute	Number of Stages:			
Pump Test Data			Method of Measuring Water Level Circle one			
Date Well Tested:						
Static Water Level (A):			Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B): 40 Feet Below Land Surface Other (specify):						
Drawdown [(B)-(A)]:	20 Feet	Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate: 70 Gallons Per Minute			Well yielded 70 GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours)	: 4 hours	20 feet after 1/2 hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.						
MichaelR	Michael R Fry Fock 0408 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer					
Print Name of Pump Ins	MALIET HING ELECTISE	(40. (11 applicable)	Signature of Carry			

DEC 14 2009

BY: OLWR