	State Well Report	For Office Use Oak
County: Cack for	Part 1 - Driller's Log	For Office Use Only:
V	Mississippi Department of Environmental Quality	Aquifer: <u></u>
Permit #: 0 - 780	Office of Land and Water Resources P.O. Box 2307	Well #:
Driller: Joel Pieul	Jackson, MS 39225	L. S. Elevation:
Date drilling completed: 3-5-10	(601)961-5210	L. S. Eicvatton.
Date drining completed.	(601)961- 5228 (fax)	E-log =:
State Law requires that this report h	e prepared by the license holder responsible fo	or the work and filed with the
Department at the above address w	ithin 30 days of completion of drilling of the w	vell or vorenote.
Information on Well Ow	ner Well or	Borenoie Location
(Landowner if borehole is not for a	I atimuda: DB 2 22 6	Longitude: 30 42 67
Owner Name_Mauk Tay	$\rightarrow$	11 10
	Method of Lat Long (circu	e one): Conventional Survey.
Mailing Address: 112	USGS guad. Hand-h	neld GPS. Survey-grade GPS
Pine Rd	1	4 Twn 4.5 Rng 6 W
Huly MS	39452 NE SW 380_1	T Iwn 75 Rug
City State	Zip Code Distance Directio	of Worde, NO
220 122 150	3 Miles NE	_ of wood, no
Telephone No. ( <b>228</b> ) 623 - 6500		
	Well / Borehole Data	
3-5-10	ng completed: 3-5-10 Hole depth: 65	Hole diameter 2
Location of the source of any surface water	sed for drilling: Agunda wo sed in drilling and development: 2000 wo	1 Calletteria
Method of dosing and volume of Chlorine u	sed in drilling and development:	es Agai Cuison
Logs run (circle all applicable): No log run	Electric Gamma Ray Density Senic Neutron	n Offier:
Name of organization running log(s):		
Duman of harshala (abask ana); Water Wal	Geotechnical Geological Investigation Gro	ound Source Heat Pump
Seismic Su	rvey_Other (describe)	is black
1	water well construction, skip the remainder of thi	
Purpose of Well (check one): Homelnd	ustrial Public Supply Irrigation Fish Cult	ture Other:
		A CONTRACTOR OF THE PROPERTY O
It a flowing well, method of now regulation	Valve Other (describe)	3-5-10
Static Water Level:feet abo	ve or below circle one) land surface Date measur	red: 3-3-70
Method of Measurement (circle one) stee		
Well depth: 65 Well grouted to a dep	th of 10 feet Type of grout (circle one); Neat	Cement Gentonite Mix
Casing length: 60 feet Casing	diameter: Z inches Type of casing	g: Sch 40 Plast
5	diameter:inches Type of screen	Sch 40 Plast
Screen length:teet Screen	diameter:uncles	65 mar
Screen slot size:inches	Setting depth: From feet to	<u> </u>
Type of completion (circle all applicable):		
Type or completion (chief an approve)	Gravel packed Underreamed Telescoped C	
- Composition (Career of Approximation)	Other (describe):	
Tipe of completion (entire an appropriate)	Gravel packed Underreamed Telescoped C	Open hole Natural Development

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

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BY: OLWR

The sketch below only required for water wells	ch below only required for water wells  Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations				
If well telescopes, show depths on sketch.  Ground Level	Description of Formations Encountered	From (depth) Ground Level	To (depth)		
	white sand	0	30		
	Grey clay	30	35		
	Yella sand	35	65		
If more than one screen, show location of each on sketch		1	<u> </u>		
Sketch the property layout and include the following: 1) the valid in locating the well; 3) any roads, power line 4) a north arrow.	an the	property that ma operty and the w	ell;		
			E		
W	Pine	E ed	WEI		
	Polik Towal				
	100				
Landowner Name: Mall Taylor	3 440	orm: OLWR-SWI	214 (040)		
I certify that the well/borehole was drilled, constructed, a	nd completed in accordance with all applical	ole requirements	of the		
Mississippi Department of Environmental Quality and th	3-5-10	ECEIM			
Print Name of Responsible Licensee and License No.	Date Signature of Lie	10.44	#3		
	- Secretarian Company				

## STATE WELL REPORT

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality

Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

For Of	fice Use Only:
Aquifer: (	C140
Well #:	
Elevation:	

Copy information from block on Part 1

Date completed: 3-5-10

Permit #: 0 -780

Copy information from block on Part 1	CD L of the
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department a	contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion.
Well Owner Information	
Owner Name: Mark Taylor	Latitude: 88 33 6/4 Longitude: 30 42 67
Mailing Address: 112	Method of Lat/Long (check one): Conventional Survey
Dine (ld	USGS quad, Hand-held GPS, Survey-grade GPS
Hule vw 3956Z	SW 1/4 NE 1/4 Sec 14 T 45 R 6W
City State Zip Code	Distance Direction Nearest Town
Telephone No. (228) 623 - 6500	3 Miles NE of Urada, W
D Truck	Power Type
Pump 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: 3-5-10	Setting Depth: 25 Stline feet
Rated Pump Capacity:Gallons Per Minute	Number of Stages: 2
Pump Test Data	Method of Measuring Water Level
Date Well Tested: 3-5-10	Circle one
	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): Z Feet Below Land Surface	Other (specify):
Pumping Water Level (B): 25 Feet Below Land Surface	For flowing well, measured shut in head:feet
Drawdown [(B) - (A)]:Feet Below Land Surface	Well yieldedGPM with a drawdown of
Test Pumping Rate: 10 Gallons Per Minute	2feet after 48hours of pumping
Duration of Pump Test (minimum 4 hours):hours	

-			
	I HEREBY CERTIFY that the above statements are true to the best of m  One of Pump Installer and License No. (if applicable)	Cold & Court	RECEIVED
	1 Line 1 tanne	1 01111	