Tankon		ort 1	For Office Use Only:
County: JUCKSY)	Part 1 Mississippi Department of Environmental Quality		Aquifer:
Permit #:		nd Water Resources	<u> </u>
Conclude Leville 1150		lox 10631	Well #: 1 - d6
Driller UST VVVTY WELLS	N V ·	S 39289-0631	L. S. Elevation:
Date drilling completed: 4-21-07		961-5210	
	(601)354	1-6938 (fax)	E-log #:
	4.1 11 41 .		ich als Denouterent within
State Law requires that this reposition of drilling		driller in detail and flied w	ith the Department within
Well Owner Informa		Well	Location
Owner Name First Federa	,		
Mailing Address: HWY 613		Method of Lat/Long (circle on	39
5		USGS quad, Hand-held	GPS,) Survey-grade GPS
HILPUMS:	29555		Twn 745 Rng R5W
City Stat		7000 % 300 % Sec_ 33	Iwn 7 75 Kng/\5 2
Telephone No. 238 762 - 4	234	Distance Direction Miles	Nearest Town of Hurley
	Well D)ata	
Purpose of Well (circle one) Home Ind		,	Other:
Date well drilling started:			
If flowing, method of flow regulation: Val	ve NA Other (de	escribe)	
Static Water Level: <u>(00</u> feet above on below (circle one) land surface Date measured: <u>4-31-07</u>			
Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth: 300 TT Well dep	th: <u>300 FT</u>	Well grouted to a depth of	[Ofeet
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 250 feet Casing diameter: 4"X3" inches Type of casing: PVC			
Screen length: 20 feet Screen diameter:inches Type of screen:			
Screen slot size:inches Setting depth: From feet to 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: NA feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:			
Name of organization running log(s): N/A			
I certify that the well was drilled, constru	cted, and completed in ac	cordance with all applicable r	equirements of the Mississippi
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
Tool Oil I was			
JUCK Klagdell U-4	· 12	_ suh	Kildele EVE
Print Name of Water Well Contractor and L	icense No.	Signature of V	Vater Well Contractor

State Well Report
Part 1

If well telescopes please sketch below and show depths.

Ground Level			
•			
•			

Description of Formations Encountered TOPSOI Orange Clay White Coarse Sand John Clay White Coarse Sand John Clay Coarse Sand John Clay Coarse Sand John Clay Coarse Sand John Coarse Sand Rive Clay Gray Coarse Sand John Coarse Sand	310000
Orange Clay White Coarse Sand Solution White Coarse Sand We say	10000
White Coarse Sand 156 Blue clay 50 White Coarse Sand 70 Blue Clay 105	0000
Blue Clay White Coarse Sand For 105 Blue Clay 105	70 05 108
White Course Sand 70 1 Blue Clay 105 p	05 108 108
Blue Clay 1055	
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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) indicate direction.				
₽ T	H W			
wek × [3]	6 1 3			
Hwy 614				
Landowner Name: First Federal Savings + Loan				

Signature of Water Well Contractor

RECEIVED

MAY 2 1 2007

BY: OLWF

STATE WELL REPORT

County: TOCKSON Permit #: Driller COAS+WATER WELLSRY

Part 2 Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)361-5210
(601)364-6938 (fax)

For Office Use Only:		
Aquif er.		
Well #:	D-267	
Elevatio	n:	

Date completed: (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. Well Location Well Owner Information Federal Savings + Loan Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS NW 1/2 5W 1/2 Sec 33 Twn 745 Rng R5W Distance Direction Nearest Town IN Miles - of Hurling Telephone No. Ook Power Type Pump Type Circle one Circle one Gasoline Engine Natural Gas Submersible Diesel Engine Air Lift Jet Piston Turbine Electric Motor Hand Tractor PTO **Bucket** Flowing Well Windmill Other (specify): Centrifugal Rotary Horse Power Rating of Motor: Other (specify): Setting Depth: Date Pump Installed: Gallons Per Minute Number of Stages: Rated Pump Capacity: _ Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: Aif Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): 1/A Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B) - (A)]: N/AFeet Below Land Surface Well yielded GPM with a drawdown of Test Pumping Rate: _ Gallons Per Minute N/A hours of pumping N/A feet after Duration of Pump Test (minimum 4 hours):

TOCK Ridgel 0-472 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.	RECEIVE
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Jack Ridadell 0-472	Jack Rilds	12 MAY 2 1 2027
		Signature of Pump Installer	RV-CHW