	State W	ell Report			
County: Octor	Part 1 – 1	For Office Use Only:			
	Mississippi Departmer	Aquifer:			
Permit #: 0 - 780		nd Water Resources	Well #: D - 307		
Driller: Joel Va		Box 2307 n, MS 39225			
Date drilling completed: 6-21-08		961- 5210	L. S. Elevation:		
Date drining 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 completion of drilling of the well or borehole.					
Information on Well O			rehole Location		
(Landowner if borehole is not fo	r a water well)	AP . 31 479	" Longitude 30 42 ,759,		
Owner Name of the huelse	\mathcal{M}	1 76	, ,,,		
Mailing Address: Wesels Poucell &		Method of Lat/Long (circle or	ne): Conventional Survey,		
9		USGS quad, Hand-held GPS, Survey-grade GPS			
10	5 3956Z	5W1/1E 1/4 Sec 7			
City Stat		Distance Direction	Nearest Toda		
1	• • •	Distance Direction Miles	of Hule, no		
Telephone No. (228) 940-2703	<u> </u>		0		
	Well / Bore	Phole Data			
1 21 08			2		
Date drilling started 6 21-08 Date dri		1			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: 2000 Walth House 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 WellGeotechnical/Geological Investigation Ground Source Heat Pump					
Seismic Survey Other (describe)					
If drilling is not related	to water well construction	on, skip the remainder of this bl	ock		
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 2 feet above or below directe one) land surface Date measured: 6-21-08					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 55 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 50 feet Casing diameter: 2 inches Type of casing: 5th 40 Plant					
Screen length: 5 feet Screen diameter: 7 inches Type of screen: 50					
Screen slot size: Setting depth: From feet to feet					
Type of completion (circle all applicable): travel 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)

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

Ground Level.	Description of Formations Encount	ered From (depth) To (depth) Ground Level
		Glound Dever
	cute Jan	w 0 55
If more than one screen, show location of each on sketch		
Sketch the property layout and include the following: 1) the we aid in locating the well; 3) any roads, power lines	ell location; 2) any permanent structures or other items that may aid in locating	on the property that may the property and the well;
4) a north arrow.	, ,	1
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		الله المعالمة
5		work?
		1144-612
		Huz 6/3
$N = 1 \int_{-\infty}^{\infty} A$	1	
Landowner Name: Nou Hullson		
	1	
		Form: OLWR-SWR-1A (04/08)
certify that the well/borehole was drilled, constructed, and	completed in accordance with all appl	Form: OLWR-SWR-1A (04/08) licable requirements of the
certify that the well/borehole was drilled, constructed, and lississippi Department of Environmental Quality and the M		licable requirements of the
Ississippi Department of Environmental Quality and the M		licable requirements of the

The sketch below only required for water wells

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

For Office Use Only:			
Aquifer:			
Well #: D-307			
Elevation:			

James October 1970		BOX 2309	Well#: L	1-301		
Date completed: $6-21-08$	Jackson, MS 39225 (601)961-5210			į		
Copy information from block on Part 1	, ,	1-5228 (fax)	Elevation:			
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.						
Well Owner Informat		line above and ess in	Well Location			
Owner Name: ON Hydson		Latitude: 88-31-479 Longitude: 3042-759				
Mailing Address: LLO Sele Lauce	U J C	Method of Lat/Long (check one): Conventional Survey,				
		USGS quad, Hand-held GPS, Survey-grade GPS				
City State	39562 Zip Code	5w 4AE 4 Sec 7 T45 R 5w				
City O State	Zip Code		irection Nearest To			
Telephone No. (<u>228)</u> 950 - 270	3	4 Miles North of Hule, wo				
Pump Type Circle one			Power Type 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):			of Motor:			
Date Pump Installed: 6-21-08		Setting Depth:	30 fet lui	_feet		
Rated Pump Capacity:		Number of Stages:	_	_		
D T4 D-4		Mati	od of Measuring Water	Lovel		
Pump Test Data	0	Men	Circle one	Level		
Date Well Tested: 6-21-0		(Air Line Ele	ectric Measuring Line	Steel Tape		
Static Water Level (A):Feet Below Land Surface						
Pumping Water Level (B):Feet Below Land Surface						
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, m	easured shut in head:	feet		
Test Pumping Rate: Gallons Per Minute		Well yieldedGPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):	f	eet after <u>48</u> _h	ours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.						

I HEREBY CERITIFY that the	above statements are true to the best	of my knowledge.	
Osel Vieul	0-780	Joel Tienl	
Print Name of Pump Installer	and License No. (if applicable)	Signature of Pump Installer	

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