	State Well Report					
County: Jailson	Part 1 – Driller's Log	For Office Use Only:				
Permit #: $0 - 780$	Mississippi Department of Environmental Quality	Aquifer:				
	Office of Land and Water Resources P.O. Box 2307	Well#: H185				
Driller: <u>Hall P</u>	Jackson, MS 39225 (601)961- 5210	L. S. Elevation:				
Date drilling completed: <u>5-11-09</u>	(601)961- 5228 (fax)	E-log #:				
State Law requires that this report	t be prepared by the license holder responsible for	-				
<b>Department</b> at the above address	within 30 days of completion of drilling of the wel	l or borehole.				
Information on Well O (Landowyer if borehole is not fo		orehole bocation				
Owner Name Huanda 4	Jane Latitude: 00 ° 21, 22	Longitude: <u>30 • 3 5</u> , <u>88</u> , 10				
	Method of Lat/Long (circle o	one): Conventional Survey.				
Mailing Address: 231		d GPS, Survey-grade GPS				
	DE NW 1/4 Sec 23	<u>3'Twn 55'Rng 50</u>				
City Stat	1) 37203 SE					
	4 Miles nE	of Big Point us				
Telephone No. (228) 219 - 72	.85	0				
_	Well / Borehole Data					
Date drilling started: 5-11-09 Date dri	lling completed: 5-11-09 Hole depth: 110	Hole diameter: 2				
Location of the source of any surface wate Method of dosing and volume of Chlorine	r used for drilling:	les yoal de				
	Electric Gamma Ray Density Sonic Neutron	-				
	ellGeotechnical/Geological Investigation Groun	d Source Heat Pump				
Seismic S If drilling is not related	SurveyOther ( <i>describe</i> ) to water well construction, skip the remainder of this b	lock				
Purpose of Well (check one): Home	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:feet ab	Static Water Level:feet above or below circle one) land surface Date measured:					
Method of Measurement (circle one) st	Method of Measurement (circle one) steel tape electric tape air line other:					
	Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
	ng diameter: inches Type of casing:					
	en diameter: <u>2</u> inches Type of screen: _	1				
Screen slot size: <u>10</u> inches	Setting depth: From feet to	<b>110</b> feet				
Type of completion (circle all applicable)	Gravel packed Underreamed Telescoped Ope	n hole Natural Development				
	Other (describe):					
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one scr	een, describe on next page				
		MAY 2 7 2009				

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BY: OLWR

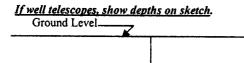
H185

MAY 2 7 2009

BY: OLWR

Signature of Licensee

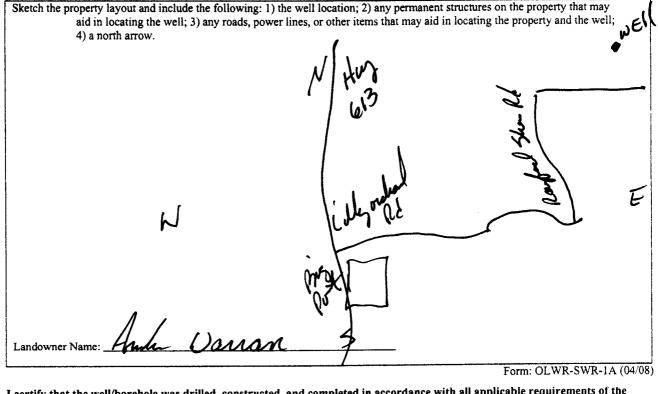
The sketch below only required for water wells



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Julie Sand		20
- Julie and		20
CAAL CLARA	20	40
- Jog Calif		
1		
Green Same	40	110
00		ļ
	+	
	+	
	1	
		L
	1	L

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.

laws. -780 5-11-09 Q

Print Name of Responsible Licensee and License No.

Date

	STATE WE	LL REPORT	
County: Jackson	P	art 2	For Office Use Only:
_	Pump Installer's	Completion Report	
Permit #: 0 - 780	Mississippi Departmen	t of Environmental Quality nd Water Resources	Aquifer:
Driller: Joel fr		Box 2309	11166
		, MS 39225	Well =: <u>H185</u>
Date completed: <u>5-11-09</u>	(601)	961-5210	Elevation:
Copy information from block on Part 1	(601)96	1-5228 (fax)	
	l	contractor or a licensed pump	installer. A copy of Part 1 of the
This part of the report must be comple report must be attached and both part.	s filed with the Department a	I THE HOOPE HUHTESS THERE	
Well Owner Infor	mation	1 ,,	
		BO-77-3	<u> 35. ongitude:</u> <u>30 - 35 - 88</u> 9
Owner Name: Aucline W	arran		
Mailing Address: 231 Ro	uford Stern Rd	Method of Lat/Long (check	one): Conventional Survey
	•	USGS quad, Hand-he	ld GPS, Survey-grade GPS
mon Por	<u>t, no 39</u> 563	NE 1/4 MW 1/4 Sec 2	<u>9 133 R 3W</u>
City Sta	ate Zip Code	Distance Direction	Nearest Town
		<u>4</u> Miles <u>NE</u>	Rie Variet
Telephone No. (228) 219 - 7	285	<u>Y</u> _Miles <u>IIC</u>	of the rows
	_	1	Power Type
Pump Typ Circle one			Circle one
			bline Engine Natural Gas
Air Lift Jet	Submersible	Diesel Engine Gase	Sine Englie Addata Gas
Bucket Piston	Turbine	Electric Motor Han	
Centrifugal Rotary	Flowing Well		er (specify):
		Horse Power Rating of Mo	tor:
Other (specify):		Setting Depth: 40	1. I line fast
Date Pump Installed: 5-11-	09		
		Number of Stages:	
Rated Pump Capacity: 10	Gallons Per Minute		
			I Window I origi
Pump Test	Data	Method of	Measuring Water Level Circle one
5 11.	~ <del>9</del>		
Date Well Tested: 5-11-	01	Air Line Electric N	Measuring Line Steel Tape
Static Water Level (A):	Feet Below Land Surface		
1		Other (specify):	
Pumping Water Level (B): 40	_Feet Below Land Surface		
Drawdown [(B) - (A)]:			ed shut in head:feet
Test Pumping Rate:		Well vielded 10	GPM with a drawdown of
		0	er <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 1	nours): <u>48</u> hours	feet aft	er nours of pumping
·····			RECEIVED
I HEREBY CERTIFY that the above	statements are true to the bes	t of my kpowiedge.	-
		( M U V	(Que MAY 2 7 2009
Joel Yum -	0-780	Signature of Pun	np Installer
Print Name of Pump Installer and Lie	cense No. (if applicable)	Cigneture of I un	ForrBOLWE-WWW-WWW

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