12 0/1200	state v	Vell Report		
County: Jackson	Part 1 - 1	Driller's Log	For Office Use Only:	
Permit #: 0 - 780	Mississippi Departmer	nt of Environmental Quality	Aquifer:	
	Office of Land	and Water Resources		
Driller: W. Goel (Pierce	P.O. 1	Box 10631	Well#: <u>H 208</u>	
Date drilling completed #8-31-11		MS 39289-0631	L. S. Elevation:	
The state of the s)961-5210	S. S. Dievation.	
		54-6938 (fax)	E-log #:	
State Law requires that this report Department at the above address	t he prepared by the lie	oones halden us o		
		rense notaer responsible for the	he work and filed with the	
		Well or Bo	or borehole.	
(Landowner if borehole is not for	r a water well)	Well or Borehole Location		
Owner Name Munahes Russey		Latitude: 30 • 34 · 682. Longitude: 88 • 28 · 780.		
Mailing Address: 2400 Hex 613		Method of Lat/Long (circle one): Conventional Survey,		
1		USGS quad, Hand-held GPS, Survey-grade GPS		
bis last no sories		5W 1/2 Sec 27 Twn 55 Rng 5W		
City State	2 2756 Zip Code			
774		Distance Direction o	Wearest Town	
Telephone No. (218) 990 - 48	104 104	or rayout, 100		
	Well / Borel	hole Data		
Date drilling started. 8-31-11 vate drill	ing completed: <u>8-16</u> -	-// Hole depth: _/00	Hole diameter:	
Location of the source of any surface water Method of dosing and volume of Chlorine	used for drilling:	Co. De all	_	
Logs run (circle all applicable) No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron O	Other:	
Purpose of borehole (check one): Water Wel	l Geotechnical/Geolo	ogical Investigation Ground S	Source Heat Pump	
Seismic Su	rvey Other (describe))		
If drilling is not related to	water well construction	n, skip the remainder of this bloc	<u>.k_</u>	
Purpose of Well (check one): HomeInd	-			
If a flowing well, method of flow regulation:				
Static Water Level:feet abov	e or below circle one) la	and surface Date measured:	8-16-11	
,	l tape electric tape	air line other:		
Well depth: 100 Well grouted to a depth	n of <u>10</u> feet Type o	of grout (circle one): Neat Cemen	nt (Bentonite Mix	

_inches

_inches

0

__feet to_

feet. If telescoped or more than one screen, describe on next page

Casing length: 40 feet

Top of lap pipe or reduction in casing: _

Screen length: 10 feet

Casing diameter:

Screen diameter: __

Setting depth: From_

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole

Other (describe): _

Form: OLWR-SWR-1A

feet

Natural Development



If more than one screen, show location of each on sketch Retch 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. Landowner Name: Museum Landowner Name: Museum Form: OLWR-SWR-LA-04- Greatify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the dississippi Department of Environmental Quality and the Mississippi Department of Realth regulations, If applicable, and starting the starting of the starting that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the dississippi Department of Environmental Quality and the Mississippi Department of Realth regulations, If applicable, and starting the constructed of the starting that the well-borehole was drilled, constructed, and completed in accordance with all applicable requirements of the dississippi Department of Realth regulations, If applicable, and starting the constructed of the starting that the well-borehole was drilled.	well telescopes, show depths on sketch. Ground Level———			ılations
If more than one screen, show location of each on sketch ketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may add in locating the well; 3) any roads, power lines, or other trems that may add in locating the property and the well; 4) a north arrow. Landowner Name: Muscular and completed in accordance with all applicable requirements of the filiassispip Department of Environmental Quality and the Mississippi Department for Health regulations; if applicable, and stars. D. BO B. 31-11 Landowner Name: Department of Lenvironmental Quality and the Mississippi Department for Health regulations; if applicable, and stars.	Ground Level	Description of Formations Encountered		To (depth
Landowner Name: Museum Landowner Name: Museum Landowner Name: Museum Certify that the well/borchole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Peakth regulations, if applicable requirements of the Mississippi Department of Department of Peakth regulations, if applicable requirements of the Mississippi Department of Department		Description	Ground Level	<u> </u>
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Alississippi Department of Environmental Quality and the Mississippi Department of Teather gardinal Partment of Licensee	Landowner Name: Munch Nussu	y N X	wo 12	
Alississippi Department of Environmental Quality and the Mississippi Department of Teather gardinal Partment of Licensee		F	orm: OLWR-SW	R-1A (04
Joel Pieur 0-780 8-31-11 Sel l'enser		For and completed in accordance with all applica	orm: OLWR-SW.	R-1A (04 s of the
Steneture of Licensee		For and completed in accordance with all applica	orm: OLWR-SW.	R-1A (04 s of the
Ciangenza of Licensee	certify that the well/borehole was drilled, constructer vississippi Department of Environmental Quality as	red, and completed in accordance with all applica nd the Mississippi Department of Health regulati	orm: OLWR-SW.	R-1A (04 s of the
Print Name of Responsible Licensee and License 190.	certify that the well/borehole was drilled, constructed with the well-borehole was drilled, with the well-borehole was drilled, which we will be well-borehole with the well-borehole was drilled, which we will be well-boreh	sed, and completed in accordance with all applica and the Mississippi Department of Health regulation $8-31-11$	orm: OLWR-SW bie requirement bns. if applicable	R-1A (04 s of the
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			LL REPORT	For Office Use	Only
ounty: Cacloon				For Office Use	Only:
		Pump Installer's	Completion Report t of Environmental Quality	Aquifer:	
ermit #: <u>0 - 780</u>		Mississippi Departmen	nd Water Resources		
riller: J. Paul		P.O.	Box 2309	Well = 1+ 2	08
			, MS 39225	•	
ate completed: 8-31-1	1	(601)	961-5210	Elevation:	
opy information from block o	a Dort 1	(601)96	1-5228 (fax)		
opy information from otock of	11 8(1.4		in a ligared n	own installer. A copy of Pa	rt I of the
This part of the report must	be completed	l by a licensed water well	contractor or a licensea p	ump installer. A copy of Pa 130 days of well completion	
eport must be attached and	both parts j	tea with the Department a	t the above dualess with	30 days of well completion Well Location	
Well Ov	vner Iniorm	ition			
wner Name: <i>Muri</i>	1 de la	Dulau.	Latitude: 30 - 34-	682 Longitude: 88-20	5-100
		in the same of the		AC Commercianal Sur	46
Tailing Address: 2460	Hen	6/3	Method of Lat Long (ch	eck one): Conversional Sur	, c.y
laining Address.	0		17	d-held GPS V. Survey-grad	de GPS
	1		USGS quad Han	Talletin Or a Time and a series	
Q- 1	I A no	1 39512	SW SW .	.27 755 R50	$\underline{\omega}$
ingli	ocus in	Zip Code			
City	State	Zip Code	Distance Direc	tion Nearest Toya	. 1
/)	10 0	1 , 4	Al Bi Vain	t un
elephone No. (228)	198-9	1004	Miles	th of Big Four	- V
Ciophione 110.					
				Power Type	
	Pump Type			Circle one	
	Circle one				
_		Carriero Carriero	Diesel Engine	Gasoline Engine	latural Gas
Air Lift Je	it .	Submersible	Dieser 2	••-	ractor PTO
n 1	istor.	Turbine	Electric Motor	Hand	ractor FIO
Bucket P	12101:	raionie		Other (specify):	
Centrifugal R	otary	Flowing Well	Windmill		
Court to a San			Horse Power Rating of	Motor: / /2 /	4
Other (specify):			Horse Power Rains	1 Die	
	211-1	/	Setting Depth:	60 Dropt uple	Ţ
Date Pump Installed:	016				
Rated Pump Capacity:	3 0	Gallons Per Minute	Number of Stages:	75	
Rated Pump Capacity.					
			N. S. a.b.	d of Measuring Water Lev	el
P	ump Test Da	ta	Metho	Circle one	
Date Well Tested: 8	-21 - 1	1			
Date Well Tested:	_7[[!	Air Line Elec	tric Measuring Line S	iteel Tape
		eet Below Land Surface			
Static Water Level (A):			Other (specify):		
Pumping Water Level (B):	60 F	eet Below Land Surface			
rembure murer point (p).	_		- a	asured shut in head:	feet
Drawdown [(B) - (A)]:	<u>'Z</u>	eet Below Land Surface	For flowing well, me		
	30	Gallons Per Minute	Well yielded	GPM with a drav	vdown of
Test Pumping Rate:			7	et afterhour	າ ດຣັກນ ະຫ ກໄກ:
Duration of Pump Test (m	inimum 4 ba	ursi: 48 hours		et afterhour	չ ու բառբութ
Duration of Pump Lest (m	minimum 7 NO				
				0	The state of
			C Improdudes		
I HEREBY CERT) FY tha	the above s	atements are true to the be	st of my knowledge.	ノ` ^	
$1 + \Lambda V^{-}$		0-780	Clark 1	Cerry	-0 9 //11
Joel Flew		nse No. (if applicable)	Signature of	Form: OLWR-	DIAMP 4D /C
1					