1 //	State Well Report	For Office Use Only
County: Sackson	Part 1 - Driller's Log	- 0/1
Permit #: 0 - 780	Mississippi Department of Environmental Quality	Agusfer, D 545
1 1	Office of Land and Water Resources P.O. Box 2307	Well #: #221
Driller: Joel V -	Jackson, MS 39225	L. S. Elevation:
Date drilling completed: 2-15-10	(601)961- 5210	L. J. 210 ditto.
Date Criming Completed	(601)961- 5228 (fax)	E-log =:
State Law requires that this repo	rt be prepared by the license holder responsible for	the work and filed with the
Department at the above address	s within 30 days of completion of drilling of the well or H	orehole Location
(Landowner if borehole is not)	Owner	1
	Latinude: 70 ° 67	O Longitude: 27 201
Owner Name Angla WEB		one): Conventional Survey.
Mailing Address: 8525 Hey	614	
0	COCO Guar Tanto-tes	d GPS. Survey-grade GPS
17 /	70/13 WW 45E 14 Sec	Twn 55 Rng 5W
Heule, ms	71 16/	
City St	ate Zip Code Distance Direction	of Huck, III)
Telephone No. (228) 588-4	300	The state of the s
	Well / Borehole Data	
Date drilling started: 2-15-10 Date d	rilling completed: 2-/5-/0 Hole depth: 80	Hole diameter: 2
	1. 1. 110	, ,
Location of the source of any surface wa	ter used for drilling: Agula, wo ne used in drilling and development: 2000 walk	4 yeal chl
Wichiod of dosing and volume of Chiorn	the discussion driving and development.	
Logs run (circle all applicable). No log r	en Electric Gamma Ray Density Senic Neutron	Other:
Name of organization running tog(s):		
Purpose of borehole (check one): Water \	Well Geotechnical Geological Investigation Groun	nd Source Heat Pump
	Survey_Other (describe)	
If drilling is not relate	d to water well construction, skip the remainder of this l	block
Purpose of Well (check one): Home	industrial Public Supply Irrigation Fish Culture	Omer
If a flowing well, method of flow regular	ion: Valve Other (describe)	and the statement of th
Static Water Level:feet a	above or below (circle one) land surface Date measured	2-15-10
Method of Measurement (circle one)	steel tape electric tape air line other:	
Well depth: <u>Bo</u> Well grouted to a c	iepth of <b>10</b> feet Type of grout (circle one): Neat Ce	ment Bentonite Mix
Casing length: 70 feet Cas	sing diameter:inches Type of casing:	Sch 40 Plaster
Screen length: 10 feet Scr	reen diameter: 2 inches Type of screen:	Sch to Plaster
Screen slot size:inches	Setting depth: Fromfeet_to	80feet
Type of completion (circle all applicable	): Gravel packed Underreamed Telescoped Ope	
1 2 4 4 4 4 4 4 A	Other (describe):	
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one sci	reen, describe on next page

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

MAR 9 8 2010

BY: OLWR

D343 Haal

From (depth) To (depth)
Ground Level

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

Description of Formations Encountered

	1/0		
	whe same	0	45
	10 1		
	Yellow clay	45	50
	with same	50	80
	OTTAX ACIA		
			-
If more than one screen, show location of each on sketc	h		
4) a north arrow.	WELL		
	Lest 4		
1	west le l'é		
ndowner Name: Augles WEbb	west le 14 Hurs		
indowner Name: Auglia WEbb	Form:	OLWR-SWI	
rtify that the well/borehole was drilled, constructed, a	Form: and completed in accordance with all applicable to	equirements	of the
rtify that the well/borehole was drilled, constructed, a	Form: and completed in accordance with all applicable in the Mississippi Department of Health regulations.	equirements	of the
rtify that the well/borehole was drilled, constructed, a sissippi Department of Environmental Quality and the constructed of a sissippi Department of Environmental Quality and the constructed of the cons	Form:  and completed in accordance with all applicable in the Mississippi Department of Health regulations.	equirements if applicable 任()E()	of the and state
rtify that the well/borehole was drilled, constructed, a sissispi Department of Environmental Quality and the	Form: and completed in accordance with all applicable in the Mississippi Department of Health regulations.	equirements if applicable	of the and state

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level.

## STATE WELL REPORT County: Jackson Part 2 For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Permit #: 0 - 780 Aquifer: Office of Land and Water Resources Driller: Joel Well #: \_\_\_\_ H 22 P.O. Box 2309 Jackson, MS 39225 Date completed: 2-15-10 (601)961-5210 Elevation: (601)961-5228 (fax) Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 Information Latitude: 36-38-640 Longitude: 88-27-881 Owner Name: Augila WEbb Method of Lat/Long (check one): Conventional Survey\_\_\_\_. Mailing Address: 8525 Hz 6/9 USGS quad\_\_\_\_\_, Hand-held GPS\_\_\_\_\_, Survey-grade GPS\_\_\_\_ NW 45E 4 Sec 2 T 55 R 5W 39562 Zip Code Nearest Town Distance 3 Miles Fast of Hunly, ws Telephone No. (228) 588 - 4300 Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible Air Lift Tractor PTO Hand Electric Motor Turbine Piston Bucket Other (specify): Windmill Flowing Well Rotary Centrifugal Horse Power Rating of Motor: Setting Depth: 60 Let line feet Other (specify): Date Pump Installed: 2-15-10 Number of Stages: 2 Rated Pump Capacity: \_\_\_\_\_\_ Gallons Per Minute Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 2-15-10 Steel Tape Electric Measuring Line Air Line Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Other (specify): Pumping Water Level (B): 60 Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_feet Drawdown [(B) - (A)]: \_\_\_\_\_\_Feet Below Land Surface Well yielded \_\_\_\_\_\_ GPM with a drawdown of Test Pumping Rate: \_\_\_\_\_\_ Gallons Per Minute I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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