State W	ell Report		
(A) ()	Driller's Log For Office Use Only:		
Mississippi Departmer	et of Environmental Quality Agoifer		
Office of Land	and Water Resources Box 1063		
	10 2020 242 :		
$U = U \wedge G$	15 37439-003. L. 3. Elevation:		
	4-6938 (fax) E-log =:		
State Law requires that this report he prepared by the license helder remarkly for the work and find the			
State Law requires that this report be prepared by the license holder responsible for the work and fited with the Department at the above address within 30 days of completion of drilling of the well or borehole.			
Information on Well Owner	Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latinude: 88 · 32 · 7/5 · Longitude 30 · 32 · 764		
Owner Name Circley Brister	Latitude: 88 32 75 Longitude 30 32 764 Method of Lat Long (pirole ones) Conventional Survey.		
Mailing Address: 3806 Charlie Hulson	Method of Lat Long (pirole ones) Conventional Surrey.		
01	USGS quad. Hand-held GPS, Survey-grade GPS		
() () () ()	NE 12 NW 1/2 Sec 12 TWO 65 RAY GW		
City State Zin Code	Disease North North		
	Distance Direction Nearest Jown 5 Miles South of Wade, pus		
Telephone No. (228) -990 - 4959			
Well / Borehole Data			
Date drilling started: 4-21-08 Date drilling completed: 4-21-08 Hole depth: 70 Hole diameter. 2			
Location of the source of any surface water used for drilling: Agula, w			
Method of dosing and volume of Chlorine used in drilling and development: 2000 Water Toyal Chilorul			
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 Well Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic SurveyOther (describe)			
Purpose of Well (check one): Home / Industrial Public Supply Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level: 3 feet above & below (circle one) land surface Date measured: 4-31-08			
Method of Measurement (circle one) steel tape electric tape air line other:			
Well depth: 20 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Sentonic Mix			
Casing length 60 feet Casing diameter: 2 inches Type of casing: Sch 40 Plaster			
Screen length: 10 feet Screen diameter: 2 inches Type of screen: 30 80			
Screen slot size: 6 inches Setting depth: From 0 feet to 70 feet to 60 Casery			
Type of completion (circle all applicable): Gravel 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		

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The sketch below only required for water wells Description of formations encountered mass be provided wells and procedure, specifically exemples by the second of the sec		<u>Milandi</u> Jalunia	
U well telescopes, show depths on sketch.			
Ground Level	Description of Formations Europeaned	Franciscoli Grand Law	
	- Andrews - Andr		
	Mad Gan	δ	
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	111.1.		
	fellow clay		90
	white sand	40	70
		-	
			
			and the first transfer down
		ar a management and the second continues of the second	
If more than one streen, show location of each on sketch			
Shales the property layout and include the following: 1) the			
Pront Printer	charles of the last	well	Bear
Landowner Name. Cluy 1005001			
U		Form. C	ୁଣ୍ୟ-୫ <i>୍ଲ</i> -୧ ୧୯୯୯
I certify that the well borehole was drilled, constructed, at Mississippi Department of Environmental Quality and the laws.	e Mississippi Department of Health regulation	ng if applicable	ie, and stati
	diameter ville		graphic and the state of the st
Print Name of Responsible Licensee and License No.	Date Signature or once		
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STATE WELL REPORT		
	Part 2 For Office Use Only:	
County: Jackson	taller's Completion Report	
Damis # / Mississippi Dep	partment of Environmental Quality Land and Water Resources Aquifer:	
Driller W. Jce Fiere	P.O. Box 10631	
Date completed: 4-21-08	kson, MS 39289-0631 Well #: Elevation:	
Copy information from block on Part I	601)354-6938 (fax)	
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 Location		
report must be attached and both parts Juea with the Depart	Well Location	
Well Owner Information	12 22 24 22 700	
Owner Name: Cerofe Buster	Latitude: 88-32-7/5 Longitude: 30-32704	
Mailing Address: 3866 Charles Hulso	Method of Lat Long (check one): Conventional Survey	
26	USGS quad Hand-held GPS Survey-grade GPS	
Wade no 3956	2 NE 14 MW 1/2 500 12 765 RGW	
City State Zip Code	Distance Direction Nearest Town	
Telephone No. 208, 990 - 4459	5 Miles South of Washe, ws	
Telebuoue No. 2-1110		
	Power Type	
Pump Type Circle one	Circle one	
Air Lift Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hend Tractor PTO	
Centrifugal Rotary Flowing Well	Windmil! Other (specify):	
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed: 4-21-08	Setting Depth: 40 It line feet	
Rated Pump Capacity: (6 Gallons Per Min		
Pump Test Data	Method of Measuring Water Level	
•	Circle one	
Date Well Tested: 4-21-08	Air Line Electric Measuring Line Steel Tape	
Static Water Level (A):Feet Below Land Sur	· //	
Pumping Water Level (B): 40 Feet Below Land Sur	face	
Drawdown [(B) - (A)]: 2 Feet Below Land Su	rface For flowing well, measured shut in head:feet	
Test Pumping Rate: Gallons Per Mi	nute Well yielded 10 GPM with a drawdown of	
(10)	ours 2 feet after 48 hours of pumping	
	A	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
JOEI VIEREE 6-78		
Print Name of Pump Installer and License No. (if applicable	e) Signature of Pump Installer Form: OLWR-SWR	

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