	State Well Report	-
County: Jasper	Part 1 – Driller's Log	For Office Use Only:
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	- 33
Driller: Dowichles	P.O. Box 10631	Well #: (5-33
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 1-24-02	(601)961-5210	· · · · · · · · · · · · · · · · · · ·
	(601)354-6938 (fax)	E-log #:

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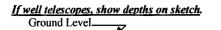
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State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Wall Owner	Well or Borehole Location			
Information on Well Owner	WCH UI DOICHUIC LUCALIUH			
(Landowner if borehole is not for a water well)	Latitude: 32 °02 '30 " Longitude: 69 °05 ' 00 "			
Owner Name DW Sininger	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: 19 CR 159				
	USGS quad, Hand-held GPS, Survey-grade GPS			
Stringer M.S 39481	SW 4 SE 4 Sec 28 Twn 3N Rng DE			
Stringer M5 3948 City State Zip Code	Distance Direction Nearest Town 10 Miles NE of Buy Springs			
Telephone No. (190) 425-2724	10 Miles NE of Dury Springs			
Well / Bore	hole Data			
Date drilling started: 1-18-08 Date drilling completed: 1-18-08	Hole depth: 4% Hole diameter: 63			
Location of the source of any surface water used for drilling:				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well Geotechnical/Geol	ogical Investigation Ground Source Heat Pump			
Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: FEB 2 6 2008				
If a flowing well, method of flow regulation: Valve Other (describe) BY: Of the second s				
Static Water Level:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: <u>400</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one). Neat Cement Bentonite Mix				
Casing length: 35 feet Casing diameter: 4 inches Type of casing: 100				
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>FVC</u>				
Screen slot size: <u>1010</u> inches Setting depth: From <u>380</u> feet to <u>400</u> feet				
Type of completion (circle all applicable): Gravel packed Under Other (describe): Si w				
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

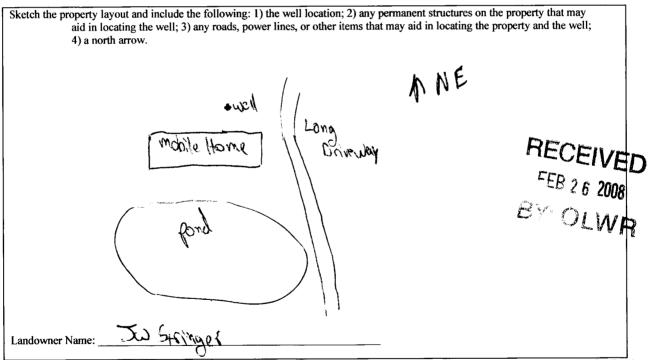


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<u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay (Shotup)	Ground Level	<u>]</u>
Yuzop Clay	23	234
Sandy Clay	1334	<u>30</u> 0
Slay	300	331
Santy	33	379
Sand	579	440
	+ -	

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

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. West 1-29-06 0-617

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT				
Permit #: Mississippi De Driller: Mississippi De Office of Date completed: Ja Copy information from block on Part 1 This part of the report must be completed by a licensed was report must be attached and both parts filed with the Depart Well Owner Information Owner Name: Stimp? C	Part 2 Installer's Completion Report For Office Use Only: Aquifer: Aquifer: Well #: $G - 33$ Elevation: (601)961-5210 (601)961-5210 (601)354-6938 (fax) Well #: $G - 33$ Elevation: Elevation: Well #: $G - 33$ (601)961-5210 (601)354-6938 (fax) ter well contractor or a licensed pump installer. A copy of Part 1 of the riment at the above address within 30 days of well completion. Well Location Latitude: 32° 02^{1} $30^{\prime\prime}$ Longitude: $9^{\circ}05^{\circ}00^{\prime\prime}$			
Mailing Address: 19 CR 159 Stringer MS 3948/ City State Zip Code Telephone No. (1001) 425-2724	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS SW 45E 4 Sec <u>28</u> T <u>2W</u> R <u>12E</u> Distance Direction Nearest Town <u>10</u> Miles <u>NE</u> of <u>Bay Springs</u>			
Pump Type Circle one Air Lift Jet Bucket Piston Centrifugal Rotary Flowing Well Other (specify):	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): Horse Power Rating of Motor:			
Date Pump Installed: 1-28-08 Rated Pump Capacity: 7 Gallons Per Mine	ute Setting Depth: 300 feet Number of Stages: 758 2 6 2008			
Pump Test Data Date Well Tested:	Other (specify):			
Duration of Pump Test (minimum 4 hours): hours feet afterhours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. hours hours of pumping Dovid West Official hours hours of pumping Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer				

Form: OLWR-SWR-1B

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