	State Well Report	For Office Use Only:
County: Jefferson Davis	Part 1 – Driller's Log	
Permit #: $0 - 586$ Mississipp	oi Department of Environmental Quality ce of Land and Water Resources	Aquifer: Well #: <u>C 45</u>
Driller: JAMES WELLS	P.O. Box 2309 Jackson, MS 39225	
Date drilling completed: 5-7-09	(601)961-5210	L. S. Elevation:
	(601)961- 5228 (fax)	E-log #:
State Law requires that this report be prepare Department at the above address within 30 d	ed by the license holder responsible for i	the work and filed with the
Information on Well Owner	Well or Bo	orehole Location
(Landowner if borehole is not for a water we	11) Latitude: 31 • 36 • 47	" Longitude: 89 • 54 , 2
Owner Name Lyndon Johnson		
Mailing Address: 1874 John 5t. F	Method of Lat/Long (circle or	
	USGS quad, Hand-held	GPS, Survey-grade GPS
Prentiss MS 394	5W14 SW14 Sec. 34	
City State Zip	Code Distance Direction	Nearest Town
Telephone No. (601) 792 - 2996	Miles	of PPEDLIS
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	Well / Borehole Data	ע אר
Date drilling started: 5-7-09 Date drilling complet	red: <u>5-7-09</u> Hole depth: <u>190</u>	Hole diameter: 1/3
Location of the source of any surface water used for dri	lling: De community	
Location of the source of any surface water used for dril Method of dosing and volume of Chlorine used in drilli	ing and development: Thock	
Logs run (circle all applicable) No log run Electric		
Logs run (circle all applicable) No log run Electric Name of organization running log(s):	Gamma Ray Density Sonic Neutron	Other:
Logs run (circle all applicable) No log run Electric	Gamma Ray Density Sonic Neutron	Other:
Logs run (circle all applicable) No log run Name of organization running log(s): Purpose of borehole (check one): Water Well Geote	Gamma Ray Density Sonic Neutron	Other:
Logs run (circle all applicable) No log run Name of organization running log(s): Purpose of borehole (check one): Water Well Geote Seismic Survey Ot If drilling is not related to water well	Gamma Ray Density Sonic Neutron the second s	Other:
Logs run (circle all applicable) No log run Electric Name of organization running log(s): Purpose of borehole (check one): Water Well Geote	Gamma Ray Density Sonic Neutron the second s	Other:
Logs run (circle all applicable) No log run Electric Name of organization running log(s): Purpose of borehole (check one): Water Well Geote Seismic Survey Ot If drilling is not related to water well	Gamma Ray Density Sonic Neutron chnical/Geological Investigation Ground ther (describe)	Other:
Logs run (circle all applicable) No log run Electric Name of organization running log(s): Purpose of borehole (check one): Water Well Geote Seismic SurveyOt If drilling is not related to water well Purpose of Well (check one): Home Industrial	Gamma Ray Density Sonic Neutron chnical/Geological Investigation Ground ther (describe)	Other:
Logs run (circle all applicable) No log run Electric Name of organization running log(s): Purpose of borehole (check one): Water Well Geote Seismic SurveyOt If drilling is not related to water well Purpose of Well (check one): Home Industrial F If a flowing well, method of flow regulation: Valve Static Water Level: feet above or below	Gamma Ray Density Sonic Neutron chnical/Geological Investigation Ground ther (describe)	Other:
Logs run (circle all applicable) No log run Electric Name of organization running log(s): Purpose of borehole (check one): Water Well Geote Seismic SurveyOt Ot If drilling is not related to water well Purpose of Well (check one): Homy Industrial F If a flowing well, method of flow regulation: Valve Static Water Level: feet above or below Method of Measurement (circle one) steel tape	Gamma Ray Density Sonic Neutron cchnical/Geological Investigation Ground ther (describe)	Other:
Logs run (circle all applicable) No log run Electric Name of organization running log(s): Purpose of borehole (check one): Water Well Geote Seismic SurveyOti If drilling is not related to water well Purpose of Well (check one): Homy Industrial F If a flowing well, method of flow regulation: Valve Static Water Level: feet above or below Method of Measurement (circle one) steel tape Well depth: Well grouted to a depth of Df	Gamma Ray Density Sonic Neutron chnical/Geological Investigation Ground ther (describe)	Other:
Logs run (circle all applicable) No log run Electric Name of organization running log(s): Purpose of borehole (check one): Water Well Geote Seismic SurveyOt If drilling is not related to water well Purpose of Well (check one): Home Industrial F If a flowing well, method of flow regulation: Valve Static Water Level: feet above or below Method of Measurement (circle one) feet tape Well depth: Well grouted to a depth of feet Casing length: feet Casing diameter:	Gamma Ray Density Sonic Neutron chnical/Geological Investigation Ground ther (describe)	Other:
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Logs run (circle all applicable) No log run Electric Name of organization running log(s): Purpose of borehole (check one): Water Well Geote Seismic SurveyOth If drilling is not related to water well Purpose of Well (check one): Hong Industrial F If a flowing well, method of flow regulation: Valve Static Water Level: OD feet above or below Method of Measurement (circle one) steel tape Well depth: Well grouted to a depth of JDf Casing length: feet Casing diameter: Screen length: feet Screen diameter:	Gamma Ray Density Sonic Neutron chnical/Geological Investigation Ground her (describe)	Other:
Logs run (circle all applicable) No log run Electric Name of organization running log(s): Purpose of borehole (check one): Water Well Geote Seismic SurveyOth If drilling is not related to water well Purpose of Well (check one): Hong Industrial F If a flowing well, method of flow regulation: Valve Static Water Level:O feet above or below Method of Measurement (circle one) steel tape Well depth: Well grouted to a depth of IDf Casing length: feet Screen length: feet Screen diameter: Screen slot size: inches Setting de	Gamma Ray Density Sonic Neutron chnical/Geological InvestigationGround her (describe)	Other:
Logs run (circle all applicable) No log run Electric Name of organization running log(s): Purpose of borehole (check one): Water Well Geote Seismic SurveyOth If drilling is not related to water well Purpose of Well (check one): Homy Industrial F If a flowing well, method of flow regulation: Valve Static Water Level: OD feet above or below Method of Measurement (circle one) steel tape Well depth: feet above or below Method of Measurement (circle one) steel tape Well depth: feet casing diameter: Screen length: feet Screen diameter: Screen slot size: OD 7 inches Setting de Type of completion (circle all applicable): Gravel pack	Gamma Ray Density Sonic Neutron chnical/Geological Investigation Ground her (describe)	Other:

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## The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level

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

Description of Formations Encountered	From (depth)	To (depth)
70,0501	Ground Level	2
day	2	33
sand	35	45
clay	45	130
Sanj	130	190
		<u> </u>
		+
		+
	-+	
		+
		+
		+
		+
		1
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If more than one screen, show location of each on sketch

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

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

TAMES WELLS 0.586

amos Walls

Print Name of Responsible Licensee and License No.

Date

Signature of License

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County: Jeffersoon Den 15	Part 2 For Office Use Only:
Pump Installer	's Completion Report
	ent of Environmental Quality Aquifer: and Water Resources
Driller: JAINES WELLS P.O	. Box 2309
Data completed:	1)061-5210
Copy information from block on Part 1 (601)9	Elevation:
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
Well Owner Information wner Name: Lyden Jahnson	Latitude: $31^{\circ}36^{\prime}47^{\prime}$ Longitude: $89^{\circ}54^{\prime}20^{\prime\prime}$
Nailing Address: 1874 John St. Ext.	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Prentiss MS 39474	5W 4 SW 4 Sec 34 T 8N R 19W
City State Zip Code	Distance Direction Nearest Town
Felephone No. (601) 792-2996	_7_Miles W_ of Prentiss
Ритр Туре	Power Type
Circle one	Circle one
ir Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
ucket Piston Turbine	Electric Motor Hand Tractor PTO
entrifugal Rotary Flowing Well	Windmill Other (specify):
	Horse Power Rating of Motor:
Date Pump Installed:	175
Date Pump Installed:	Setting Depth:feet
ated Pump Capacity:Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
	Circle one
Date Well Tested:5-7-89	Air Line Electric Measuring Line Steel Tape
tatic Water Level (A): <u>JDD</u> Feet Below Land Surface	Other (specify):
umping Water Level (B): <u>125</u> Feet Below Land Surface	Ouici (specify).
Drawdown [(B) – (A)]: 1 D Feet Below Land Surface	For flowing well, measured shut in head:feet
Cest Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	10 feet after hours of pumping
Juration of Pump 1 est (minimum 4 nours):	
	1
I HEREBY CERTIFY that the above statements are true to the best	
JAMES NELLS 0-586	()ames Walls
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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JUN 0 9 2009

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