· · · · · · · · · · · · · · · · · · ·			
- A 11 D		ell Report	For Office Use Only:
County: Courting		riller's Log of Environmental Quality	Aquifer:
Permit #: 0-586	Office of Land an	d Water Resources	K- 18
Driller: JAMES WELLS		iox 2309	Well #: _// 00
Date drilling completed: 8-5-08		MS 39225 61- 5210	L. S. Elevation:
		- 5228 (fax)	E-log #:
State Law requires that this report Department at the above address	t be prepared by the lice within 30 days of comp	nse holder responsible for a letion of drilling of the well	the work and filed with the or borehole.
Information on Well O	wner //	Well or Bo	orehole Location
(Landowner if borehole is not fo	r a water well	Latitude:°	" Longitude:°'
Owner Name Gene Grac		Method of Lat/Long (circle or	
Mailing Address: 83 Santee	Methodes Rd		GPS, Survey-grade GPS
Bassfills	<u>Ths 39421</u>		Twn Lon Rng 174
City State	e Zip Code	Distance Direction	Nearest Town
,		2 Miles Horth	of 13 asfuld WS
Telephone No. (60) 94358	561		-
	Well / Bore		
Date drilling started: <u>8-5-</u> 0 Date dri	illing completed: 8-5-	$\underline{O\hat{k}}$ Hole depth: $\underline{125}$	Hole diameter:
Location of the source of any surface wate Method of dosing and volume of Chlorine	er used for drilling: e used in drilling and develo	ppment:Sh	ak
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:
Purpose of borehole (check one): Water W	ell Geotechnical/Geolo	gical Investigation Ground	d Source Heat Pump
Seismic S If drilling is not related	SurveyOther (<i>describe</i>) to water well construction	, skip the remainder of this b	lock
Purpose of Well (check one): Home h			
If a flowing well, method of flow regulatio	on: Valve O	ther (describe)	
Static Water Level: Gofeet ab	pove of below (circle one) l	and surface Date measured:	5-8-08
Method of Measurement (circle one)		air line other:	
Well depth: Well grouted to a de			
Casing length: / \$5 feet Casin	ng diameter: <u>4</u>	_inches Type of casing: _	<u>PVC</u>
Screen length:			
Screen slot size: .008 inches		•	
			n hole Natural Development
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	
		reamed Telescoped Open	

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K-68

To (depth)

Description of formations encountered must be provided for all

wells and boreholes, unless specifically exempted by regulations

The sketch below only required for water wells

If well telescopes, show depths on sketch.

well telescopes, show depths on sketch.	Description of Formations Encountered	From (depth)
Ground Level	Description of Pormations Encountered	Ground Level
		0
	Sal	300 30
	per non	100 60
	(total	
	Draved	700
		1
		1
		1
		1
		+
		+
	L	
I I I I I I I I I I I I I I I I I I I		

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.

Genes Graves Landowner Name:

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

laws. JAMES WELLS D.586

amos Walls

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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			ELL REPORT Part 2	r	
County:	Valis			For (Office Use Only:
Permit #:		Mississioni Departme	s Completion Report nt of Environmental Qu	ality Aquifer:	
FCIMIN #:	15.	Office of Land	and Water Resources		•
Driller: JAMI	<u>: 5 Wb</u> U	S P.O.	Box 2309		F- 68
Date completed:	5-08	Jackso	n, MS 39225	Well #:	- 00
Date completed:	-3-00		961-5210	Elevation	
Copy information from	block on Part 1	(601)90	51-5228 (fax)		
This part of the repo	rt must be comple	rted by a licensed water well	contractor or a license	d pump installer. A co	py of Part 1 of the
report must be attac	hed and both part	s filed with the Department	nt the above address wi	thin 30 days of well col Well Location	прієпоп.
	Vell Owner Infor			MEH FOCUTION	
Owner Name: 04	ene Gra	us #/	Latitude:	Longitude:	
		tee Methodist &	Method of Lat/Long	(check one): Conventi	onal Survey,
Ē	assfield	MS 39421	• •	land-held GPS, Su	
	·		1/4 1/4	Sec_5- T_6 M	RITU
Cit	v Sta	te Zip Code	· · · · · · · · · · · · · · · · · · ·		
	y 54			rection Nearest	
Telephone No. (943	5827	Miles	1 orthof Bass	fieldms
	Ритр Тур	e		Power Type	
	Circle one			Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):				of Motor:	
Date Pump Installed:	-2-5	-08		140	
		Gallons Per Minute	Number of Stages:		
				od of Measuring Wat	or I oval
	Pump Test D	lata	I IVIELI	100 01 141025011102 ***	EI LEVEL

н Б. Ц. ж Фоло — Я

rump rest Data	Circle one
Date Well Tested: 7.5.0% Static Water Level (A): 90 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):
Pumping Water Level (B): <u>(40)</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate: S Gallons Per Minute	Well yielded J S GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): hours	90_feet afterhours of pumping

I HEREBY CERTIFY that the above statements are true to the best o <u>JAMES</u> <u>VELLS</u> <u>0-586</u> Print Name of Pump Installer and License No. (if applicable)	f my knowledge. <u>Ames</u> Nalls Signature of Pump Installer Form: OLWR-SWR-1B (04/08) RECEIV	

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