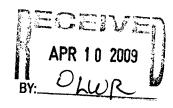
		3.	
*		_ _ .	•

State V	Vell Report For Office Use Only:					
	Driller's Log					
	ent of Environmental Quality Aquifer:					
PO	and Water Resources Box 2309 Well #:					
Driller: JAMES WELLS Jackson)961- 5210 L. S. Elevation:					
	61- 5228 (fax) E-log #:					
	E-iug #.					
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 Well Owner Well or Borehole Location						
(Landowner if borehole is net for a water well)						
Owner Name Randy Alynt	Latitude:' Longitude:' "					
Mailing Address: 484 plug.nt Rd	Method of Lat/Long (circle one): Conventional Survey,					
Mailing Address: <u>Congenerations</u>	USGS quad, Hand-held GPS, Survey-grade GPS					
39459	14 14 Sec_ 24 Twn 7. h Rng 14 W					
City State Zip Code	Distance Direction Nearest Town <u>U</u> Miles <u>Northof</u> <u>Messelle</u>					
Telephone No. ()						
Well / Bo	rahala Data					
Well / Borehole Data						
Date drilling started: $3 - 4 - 69$ Date drilling completed: $3 - 4 - 69$ Hole depth: 90 Hole diameter: 7						
Location of the source of any surface water used for drilling: <u>C-lock</u> Method of dosing and volume of Chlorine used in drilling and development: <u>3</u> <u>M</u> . Shock						
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:						
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump						
Seismic SurveyOther (describe) If drilling is not related to water well construction, skip the remainder of this block						
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:						
If a flowing well, method of flow regulation: Valve Other (describe) Static Water Level: O_{feet} above or below (circle one) land surface Date measured: $3 - 4 - 09$						
Method of Measurement (circle one) steel tape electric tape air line other:						
Well depth: Well grouted to a depth offeet Type of grout (circle one), Neat Cement Bentonite Mix						
Screen slot size: .008 inches Setting depth: From						
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						
L	Form: OLWR-SWR-1A (04/08)					



T- 145

The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level.

3 .

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)
	Ground Level	12
	2	30
Sand	30	90
	1	1
		1
	+	<u> </u>
	<u> </u>	<u> </u>
		<u> </u>
		
	T	1
		T
		+
		+
-		+
		+
	+	+
		1

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.

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

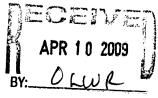
I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

JAMES WELLS D.586

Print Name of Responsible Licensee and License No.

Date

Amo VALL



County: Prime Permit #: Pump Installer' Driller: JAMES WEUS Date completed: P-4-09	ELL REPORT 'art 2 's Completion Report ht of Environmental Quality and Water Resources Box 2309 h, MS 39225 9961-5210 il-5228 (fax)
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department of Well Owner Information Owner Name: Well Owner Information Owner Name: Yell Owner Information Mailing Address: Yell Owner Information Modelle Ym Odelle Ym Odelle Ym S Gity State Telephone No. () Telephone No. ()	at the above address within 30 days of well completion. Well Location Latitude: Longitude:
Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):
Pump Test Data Date Well Tested: 3-4-09 Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 15 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):
I HEREBY CERTIFY that the above statements are true to the best of TAMES NEW 0-S86 Print Name of Pump Installer and License No. (if applicable)	of my knowledge. <u>Signature of Pump Installer</u> Form: OLWR-SWR-1B (04/08) APR 10 200 BY: <u>OLWR</u>

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