h	State W	ell Report	For Office Use Only:
County: (Ores	Part 1 – Driller's Log		
Permit #: 0-586	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer: Well #:55
Driller: JAMES WELLS			/
		, MS 39225 61- 5210	L. S. Elevation:
Date drilling completed: 7-15-09	(601)961	- 5228 (fax)	E-log #:
State Law requires that this report	be prepared by the lice	nse holder responsible for t	he work and filed with the
Department at the above address v	within 30 days of compl	letion of drilling of the well	or borehole rehole Location
Information on Well Owner (Landowner if borehole is not for a water well)			
	1	Latitude: 31 º 26 ' 48	" Longitude: 89 • 09 , 18 ,
Owner Name Ron clark		Method of Lat/Long (circle or	e): Conventional Survey,
Mailing Address: 38 Will W	0	USGS quad. Hand-held	GPS, Survey-grade GPS
OV. 10 ms 39464		NE 1/ NW 1/4 Sec_ 36 Twn 6h Rng 12W	
		NU % INIV % Sec_	wn Kng
City State	Zip Code	Distance Direction	Nearest Town of Reconcil Tomm M
Telephone No. (401) 344 -	3738	ivitesion	
	Well / Boreh	ala Data	
			· <b>-</b> •
Date drilling started: 7 - 1 509 Date drill	ling completed: 775-C	$\underline{P}$ Hole depth: $\underline{356}$	Hole diameter:/
Location of the source of any surface water Method of dosing and volume of Chlorine	used for drilling: (	opment: 3 16	Stork
Location of the source of any surface water Method of dosing and volume of Chlorine Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Wet	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 Wel Seismic Si	Electric Gamma Ray	Density Sonic Neutron gical Investigation Ground	Source Heat Pump
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Wel Seismic Si	Electric Gamma Ray	Density Sonic Neutron gical Investigation Ground	Source Heat Pump
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Wel Seismic Su <u>If drilling is not related to</u> Purpose of Well (check one): HomeInd	Electric Gamma Ray	Density Sonic Neutron gical Investigation Ground state of the semainder of this black 	Other:
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Wel Seismic Su If drilling is not related to	Electric Gamma Ray	Density Sonic Neutron gical Investigation Ground state of the semainder of this black 	Other:
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Wel Seismic Su <u>If drilling is not related to</u> Purpose of Well (check one): HomeInd	Electric Gamma Ray	Density Sonic Neutron gical Investigation Ground <u>s, skip the remainder of this bla</u> Irrigation Fish Culture her (describe)	Other:
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Wel Seismic Su <u>If drilling is not related t</u> Purpose of Well (check one): HomeInd If a flowing well, method of flow regulation	Electric Gamma Ray	Density Sonic Neutron gical Investigation Ground s, skip the remainder of this bla Irrigation Fish Culture her (describe) and surface Date measured:	Other:
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Wel Seismic Su If drilling is not related to Purpose of Well (check one): Home Ind If a flowing well, method of flow regulation Static Water Level: 20 feet abo	Electric Gamma Ray	Density Sonic Neutron gical Investigation Ground <u>a, skip the remainder of this bla</u> Irrigation Fish Culture her (describe) and surface Date measured: air line other:	Other:
Logs run (circle all applicable): No log run Name of organization running log(5): Purpose of borehole (check one): Water Wel Seismic Su If drilling is not related to Purpose of Well (check one): Home Ind If a flowing well, method of flow regulation Static Water Level:/ 20 feet abo Method of Measurement (circle one) stee	Electric Gamma Ray	Density Sonic Neutron gical Investigation Ground a, skip the remainder of this bla Fish Culture Fish Culture her (describe) and surface Date measured: air line other: of grout (circle one); Neat Cem	Other:
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Wel Seismic Su If drilling is not related to Purpose of Well (check one): Home Ind If a flowing well, method of flow regulation Static Water Level: / 2.0 feet abo Method of Measurement (circle one) stee Well depth: Well grouted to a dept Casing length: feet Casing Screen length: feet Screen	Electric Gamma Ray	Density Sonic Neutron gical Investigation Ground t, skip the remainder of this bla Fish Culture Fish Culture	Other: Source Heat Pump pck Other: 7 - 15 - 0.9 end Bentonite Mix PVC PVC
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Wel Seismic St If drilling is not related to Purpose of Well (check one): Home Ind If a flowing well, method of flow regulation Static Water Level: / 20 feet abo Method of Measurement (circle one) stee Well depth: Well grouted to a dept Casing length: feet Casing Screen length: feet Screen Screen slot size: Screen inches	Electric Gamma Ray	Density Sonic Neutron gical Investigation Ground tends of the remainder of this black for (describe)	Other: Source Heat Pump pck  Other: 7 - 15 - 0.9 end Bentonite Mix PVC PVC 350 feet
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Wel Seismic Su If drilling is not related to Purpose of Well (check one): Home Ind If a flowing well, method of flow regulation Static Water Level: / 2.0 feet abo Method of Measurement (circle one) stee Well depth: So feet Casing Screen length: So feet Screen	Electric Gamma Ray	Density Sonic Neutron gical Investigation Ground tends of the remainder of this black for (describe)	Other: Source Heat Pump pck  Other: 7 - 15 - 0.9 end Bentonite Mix PVC PVC 350 feet
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Wel Seismic St If drilling is not related to Purpose of Well (check one): Home Ind If a flowing well, method of flow regulation Static Water Level: / 20 feet abo Method of Measurement (circle one) stee Well depth: So feet casing Screen length: feet casing Screen length: feet screen Screen slot size: So inches	Electric Gamma Ray	Density Sonic Neutron gical Investigation Ground tends of the remainder of this black for (describe)	Other: Source Heat Pump pck  pck  pck  pck  pck  pck
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Wel Seismic St If drilling is not related to Purpose of Well (check one): Home Ind If a flowing well, method of flow regulation Static Water Level: / 20 feet abo Method of Measurement (circle one) stee Well depth: So feet casing Screen length: feet casing Screen length: feet screen Screen slot size: So inches	Electric Gamma Ray	Density Sonic Neutron gical Investigation Ground set of the remainder of this bla Fish Culture	Other: Source Heat Pump pck  Other: 7 - 15 - 0.9 end Bentonite Mix PVC PVC 350 feet hole Natural Development

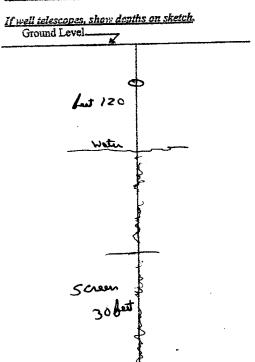
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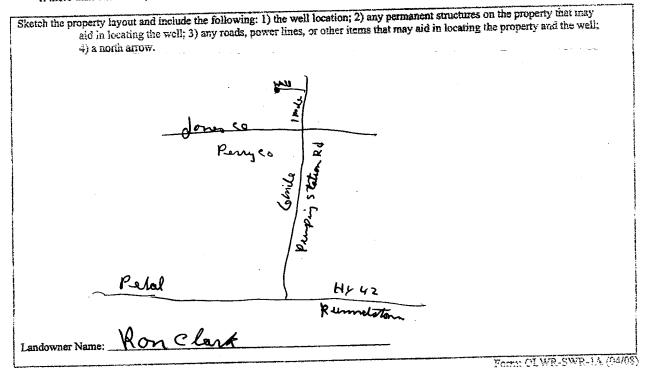
## The sketch below only required for water wells



Description of forma	tions encountered must be provided for all
Description of tornes	unless specifically exempted by regulations
wells and boreholes,	unless specifically elempted by regulation

Description of Formations Encountered	From (depth)	To (depth)
Description of Formation	Ground Level	2
elen	2	15
Eng	15	30
elay	30	200
Sand	200	350
		<u> </u>
	1	
		-
		1
	1	1
	1	
	1	1
······································		

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



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

. Terior

Print Design of Responsible Literature and Literate No.

**WR**W ames

Steppers of Licenses

RECEIVED AUG 1 1 2009 **BY: OLWR** 

County: Jones	Part 2 Pump Installer's Completion Report	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality	Aquifer:
Driller: JAMES WELLS		
Date completed:	Jackson, MS 39225 (601)961-5210	Well #:
Copy information from block on Part 1	(601)961-5228 (fax)	

Well Owner Information	Well Location
Owner Name: Ron Clark	Latitude: 31-26-48 Longitude: 89-09-18
Mailing Address: 38 Will Will wolo LA	Method of Lat/Long (check one): Conventional Survey,
O Vett ms 39 4 64	USGS quad, Hand-held GPS, Survey-grade GPS
	NE 1/2 NW 1/2 Sec. 34 T 64 R 12W
City State Zip Code	Distance Direction Nearest Town
Telephone No. () 344 3738	_ 7 Miles Month of Runnel town Mrs

	Pump Ty Circle on			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Moto	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Ratin	ng of Motor:3	
Date Pump Installed	7-15-0	<u>\9</u>	Setting Depth:	150	feet
Rated Pump Capacit	بر	<b>36</b> Gallons Per Minute	Number of Stages:	/_	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <b>7</b> -15 - 09          Static Water Level (A):          120          Feet Below Land Surface         Pumping Water Level (B): <b>150</b>	Air Line Electric Measuring Line Steel Tape Other (specify):
Drawdown $[(B) - (A)]: \_ / 30$ Feet Below Land Surface Test Pumping Rate: $30$ Gallons Per Minute Duration of Pump Test (minimum 4 hours): $4$ hours	For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown of feet after4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
JAMES NELLS 0.586	ames walls
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Form: OLWR-SWR-1B (04/08) RECEIVED

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