State W	'ell Report	To come a Vice Codes
County: SameS Part 1 - I	Priller's Log	For Office Use Only:
I Mississippi Departmer	nt of Environmental Quality	Aquifer: O S
B.O.	Office of Land and Water Resources P.O. Box 2309	
	n, MS 39225	L. S. Elevation:
	961- 5210	L. S. Elevation.
(601)96	1- 5228 (fax)	E-log #:
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 Bo	orehole Location
(Landowner if borehole is not for a water well)	Tationda 31 . 30 , 40	2" Longitude: 99 . 14 , 15 "
Owner Name Bob Tyner	ł	
	Method of Lat/Long (circle or	ne): Conventional Survey,
Mailing Address: 935 Tower Rd.	USGS quad, Hand-held	GPS, Survey-grade GPS
200	NW 14 SE 14 Sec 6	Twn GN Rng DW
Moselle MS 39459		
City State Zip Code	Distance Direction Miles //E	Nearest Town of Woselle
Telephone No. (60) 405 52/5		V
Well / Bore	hole Data	
Date drilling started: 16.19-6 Pate drilling completed: 16-19-6	A G Hala double 9.7	Hole diameter: 71/2
Date drilling started: 10 1 170 Date drilling completed: 10 11	Prote deput.	Tiole diameter.
Location of the source of any surface water used for drilling: Nethod of dosing and volume of Chlorine used in drilling and development: Sheck		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:		
Physical Charles on all Water Well Gentechnical/Gent	ogical Investigation Ground	i Source Heat Pump
Purpose of borehole (check one): Water Well Geotechnical/Geological 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:		
If a flowing well, method of flow regulation: Valve Other (describe)		
Static Water Level: 60 feet above or below (circle one) land surface Date measured: 16-19-09		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth: 92 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix		
Casing length: 72 feet Casing diameter: 4 inches Type of casing: 6VC		
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC		
Screen slot size:		
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

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

8-5

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)	lo (depth)
40050il	Ground Level	
topsoil clay	1	55
sand	55	9.2
	 	
		
	-	<u> </u>
	 	
	 	
		
	 	
	I	<u> </u>

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

Sketch the property layout and include the following: 1) the well aid in locating the well; 3) any roads, power lines,	l location; 2) any permanent structures on the property that may or other items that may art in be afind the property and the well;
4) a north arrow.	X
	The state of the s
	Moselle
Hwy 11	
Landowner Name: Bob Tyner	Form: OI WR-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 0-586		James Walls
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

STATE WELL REPORT

Jones County: _ Driller: JAMES WELLS Date completed: 10-19-09

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225

(601)961-5210

For Office Use Only:			
Aquifer:	0	51	
Well #:			
Elevation:		· . · · · · · · · · · · · · · · · · · ·	

(601)961-5228 (fax) Copy information from block on Part 1 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 Longitude: Latitude:___ Owner Name: Method of Lat/Long (check one): Conventional Survey___ Mailing Address: USGS quad_____, Hand-held GPS____, Survey-grade GPS_ Nearest Town Direction Distance 6 Miles NE of Telephone No. (Power Type Pump Type Circle one Circle one Gasoline Engine Natural Gas Diesel Engine Submersible Air Lift Jet Tractor PTO Electric Motor Hand Turbine Bucket **Piston** Other (specify): Windmill Flowing Well Rotary Centrifugal Horse Power Rating of Motor: Other (specify): _ Date Pump Installed: 10-19-09 feet Setting Depth: Number of Stages: Rated Pump Capacity: Gallons Per Minute Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 10-19 Electric Measuring Line Air Line Static Water Level (A): Feet Below Land Surface Other (specify): Feet Below Land Surface Pumping Water Level (B): _ For flowing well, measured shut in head: ____ Feet Below Land Surface Drawdown [(B) - (A)]: GPM with a drawdown of Well yielded Gallons Per Minute Test Pumping Rate: _ ___hours of pumping Duration of Pump Test (minimum 4 hours):

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