1,		en Keport	For Office Use Only:	
County: Lamar	Part 1 – I	Oriller's Log	Aquifer: 6 155	
	Mississippi Departmer	nt of Environmental Quality	Aquifer:	
Permit #: <u>0 - 5 8 6</u>		nd Water Resources Box 2309	Well #:	
Driller: JAMES WELLS		n, MS 39225		
_		961- 5210	L. S. Elevation:	
Date drilling completed: 9-15-10	, ,	1- 5228 (fax)	E-log #:	
	, ,	·		
State Law requires that this repor	t be prepared by the lic	ense holder responsible for t	he work and filed with the	
Department at the above address	within 30 days of comp	oletion of drilling of the well	or porenote.	
Information on Well (Owner	Well or Bo	rehole Location	
(Landowner if borehole is not f	or a water well)	21 . 18 OA	" Longitude 9 9 37,04"	
- al Soul				
Owner Name <u>Jeel Spell</u>		Method of Lat/Long (Circle Of	ne): Conventional Survey,	
Mailing Address: 4 Gim	ead Point	Without of Law Long (there of	,.	
Mailing Address:	ENCY TORIL	USGS quad, Hand-held	GPS, Survey-grade GPS	
		1.45 110 21	und Italia	
1 , 4 ,	10 ZOUKE	1/4 Nec 0	_ Twn 4N Rng 16W	
Lumberton 1	10 J9405	15W SE	i de la companya de	
City Sta	te Zip Code	Distance Direction Miles	Nearest Town	
			01	
Telephone No. ()			1	
	Well / Bore	shole Data		
			-1, 11	
Date drilling started: 9-15-10 Date dr	illing completed: 945-	1/) Hole depth: 150	Hole diameter:	
Date drifting started.	ining completed.			
Location of the source of any surface wat Method of dosing and volume of Chlorin	er used for drilling: <u>CO</u>	nmunity		
Method of dosing and volume of Chlorin	e used in drilling and deve	lopment: Shack		
Logs run (circle all applicable): No log rd	h Electric Gamma Ray	Density Sonic Neutron	Other.	
Name of organization running log(s):				
Purpose of borehole (check one): Water W	Geotechnical/Geol	logical Investigation Ground	l Source Heat Pump	
Purpose of borenote (check one). Water w	th_ dedicemment cook		_	
Seismic	Survey Other (describe	2)		
If drilling is not related	i to water well construction	on, skip the remainder of this bl	ock	
ما		7 1 C 1	Othorn	
Purpose of Well (check one): Home L. Industrial Public Supply Irrigation Fish Culture Other:			Otner:	
If a flowing well, method of flow regulation			0.615	
Static Water Level: 60 feet above of below circle one) land surface Date measured: 9-15-10				
Static Water Level:				
Method of Measurement (circle one) steel tape electric tape air line other:				
040				
Casing length: 130 feet Casing diameter: 4 inches Type of casing: 600				
Screen length: D feet Screen diameter: 4 inches Type of screen: PVC				
Screen slot size: .008 inches Setting depth: From 130 feet to 150 feet				
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				

State Well Report

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The sketch below only required for water wells

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

Ground Level	sketch.	Description of Forma

Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground Level	ا هي
ďay.	48	95
Sand	95	150
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		+
		
		+
		+

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

if more with one screen, show location of such of	17 Annual Conference
Sketch the property layout and include the following: 1) the well location; 2) any aid in locating the well; 3) any roads, power lines, or other items the	at may aid in locating the property and the well;
4) a north arrow.	
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ė) 3	
AHUDON PA	
Huy 99 E →	
T 1 (201)	•
Landowner Name: Joel Spell	_
	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

Print Name of Responsible Licenses and License No.

Date

Signature of LicenPECEIVED

BY: OLWR

STATE WELL REPORT

Part 2

simer

County:

Permit #:

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

For Office Use Only:
Aquifer:
Well #:
Elevation:

P.O. Box 2309 Jackson, MS 39225 Date completed: (601)961-5210 (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_ , Hand-held GPS_ Nearest Town Distance Direction Telephone No. (__ Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersib Air Lift Tractor PTO Electric Motor Hand Turbine Piston Bucket Other (specify): Windmill Flowing Well Rotary Centrifugal Horse Power Rating of Motor: Other (specify): 9-15-10 Setting Depth: _ Date Pump Installed: Number of Stages: Gallons Per Minute Rated Pump Capacity: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: _ Electric Measuring Line Steel Tape Air Line Feet Below Land Surface Static Water Level (A): 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 vielded 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 my knowledge.
JAMES WELLS 0.586	James Walls
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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OCT 14 2010

BY: OLWR