	State Well Report		
County: LAMAr	Part 1 – Driller's Log	For Office Use Only: Aquifer: Well #:	
Permit #: 0 - 586	Mississippi Department of Environmental Quality Office of Land and Water Resources		
	D O Bay 2200		
Driller: JAMES WELLS		L. S. Elevation:	
Date drilling completed: _8-5-09	(601)961- 5210 (601)961- 5228 (fax)		
		E-log #:	
State Law requires that this report	t be prepared by the license holder responsible for within 30 days of completion of drilling of the well	the work and filed with the for horehole.	
Information on Well C		orehole Location	
(Landowner if borehole is not fo	prawater well)	" Longitude: 89. 21,02	
Owner Name Nomes of Hor	De has Claller		
Mailing Address: 18496 PO	V . Method of Lat/Long (circle o	ne): Conventional Survey,	
	USGS guad Hand-held	I GPS, Survey-grade GPS	
Muchael J.	<u>5 Twn 34 Rng 146</u>		
• .	39404		
	te Zip Code Distance Direction	Nearest Town	
Telephone No. (Lol) 450 118			
	Well / Borehole Data		
		Itala diamatan 7	
Date drilling started: $3 \cdot 3$ 0 Date dri	illing completed: $8 - 5 - 09$ Hole depth: 325	Hole diameter.	
	er used for drilling: Ereck		
	er used for drilling:K e used in drilling and development:K		
Location of the source of any surface wate Method of dosing and volume of Chloring	er used for drilling: <u>Cruck</u> e used in drilling and development: <u>3 Altr Sho</u>	ck	
Location of the source of any surface wate Method of dosing and volume of Chloring	er used for drilling: <u>Cruck</u> e used in drilling and development: <u>3Alr Shoo</u> D Electric Gamma Ray Density Sonic Neutron	ck	
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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 deaths on sketch. G

telescopes, show deaths on sketch. ound Level	Description of Formations Encountered	From (depth)	To (depth)
		Ground Level	<u> </u>
	elan	2	240
	Sand	240	325
		]	
			<u> </u>
		1	
			-
			T
			1
			1
			1
		1	1
		1	1
		1	1
			1
			-
			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. Nattesting w Ll ( Black Erek Ny\_11 Punis Landowner Name: Form: OLWR-SWP-14 (04/08)

I certify that the well/borehols 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

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James Walls RECEIVED

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	STATE WE	LL REPORT	Г		
County: <u>LAMAK</u> Permit #: Driller: <u>JAMES WEUS</u> Date completed: <u>8 - 5 - 09</u> <u>Copy information from block on Part 1</u> This part of the report must be completed	Pump Installer's Mississippi Departmen Office of Land a P.O. J Jackson (601) (601)96	nd Water Resources Box 2309 , MS 39225 961-5210 1-5228 (fax)	uality	Aquifer:  Well #: Elevation:	ffice Use Only: H124
report must be attached and both parts file Well Owner Informat	ed with the Department a	t the above address wi	ithin 30 da	<u>ys of well con</u> Location	npletion.
Owner Name: Nomes of Non- Mailing Address: 18196 Po Bo Michael Man	X Hattershung h	Latitude: $3 - 11$ Method of Lat/Long USGS quad, F	(check one	e): Conventio	nal Survey,
	39464 Zip Code	<u>NE % NE %</u> Distance Di	i Sec <u>25</u> 36	т <u>ЗИ</u> Nearest T	R/4W
Pump Type Circle one				er Type cle one	
Air Lift Jet Bucket Piston	Submersible Turbine Flowing Well	Diesel Engine	Gasoline Hand	C C	Natural Gas Tractor PTO
Centrifugal     Rotary       Other (specify):	Windmill       Other (specify):         Horse Power Rating of Motor:          Setting Depth:          Number of Stages://				
Pump Test Data         Date Well Tested:       8-5-09         Static Water Level (A):       160         Feet       Pumping Water Level (B):       220         Pumping Water Level (B):       200         Feet       Drawdown [(B) - (A)]:       357         Duration of Pump Test (minimum 4 hours):	Below Land Surface Below Land Surface Below Land Surface _Gallons Per Minute	Air Line Ele Other (specify): For flowing well, ma Well yielded	Cir ectric Measu easured shu 7 S	it in head:	Steel Tape
I HEREBY CERTIFY that the above staten JAMES WELLS Print Name of Pump Installer and License I	0-586		of Pump Ins	taller	wr-smecteive

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