LA Wreme	~			
B		ell Report	For Office Use Only:	
County:	Part 1 – Driller's Log		Aquifer:	
Permit #: 0 - 586	Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309		Well #:	
Driller: JAMES WELLS		n, MS 39225	L. S. Elevation:	
Date drilling completed: 7-35-09		961- 5210		
	• •	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 O	wner	Well or Bo	rehole Location	
(Landowner if borehole is not fo		Latinuda: 31 . 37,33	" Longitude: 90 ° 0 7 56 "	
Owner Name Ron Kee	n	ļ		
Mailing Address: U223 Hy27 Method of Lat/Long (circle one): Conventional Survey,				
mon tical		USGS quad, Hand-held	GPS, Survey-grade GPS	
YHOMALE	39686	NW 1/2 NE 1/2 Sec_ 30	Twn	
City State Stat	e Zip Code	Distance Direction Miles Market Direction	of Working Ms	
Telephone No. ()				
	Well / Bore	hole Data		
Date drilling started: 7-70-09Date drilling completed: 7-30-09 Hole depth: 45 89 Hole diameter: 7			Hole diameter: 7	
Location of the source of any surface water used for drilling:				
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic S <i>If drilling is not related</i>	SurveyOther (describe to water well construction) n, skip the remainder of this blo	ock	
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: 25 feet above of below (circle one) land surface Date measured: 7-30-09				
Method of Measurement (circle one)				
Well depth: 45 Well grouted to a dep			\sim .	
Casing length: 25 feet Casin				
Screen length: ZO feet Screen				
		ZS feet to		
Type of completion (circle all applicable):	Gravel packed Under	reamed 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)

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The sketch	holow	กมไข	required	for	water wells
i ne skeun	necon	CHICAL	1 CHISON DW	1 1/4	17 10 10 11 11 11

Ground Level	ns un skeich
5	
Screen -	
•	

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	2
COAL	2	20
5000	20	20
3000		
		
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) to aid in locating the well; 3) any roads, power	the well location; 2) any permanent structures on the property that may r lines, or other items that may aid in locating the property and the well;
4) a north arrow.	
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•	84 Montrales
10	1 1 111000
Kon Koon	
Landowner Name: 100 1000	Form: CLWR-SWR-1A (04/

I certify that the well/horehole 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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STATE WELL REPORT Part 2 County: LAW Rence For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources Driller: JAMES WELLS P.O. Box 2309 Well #: Jackson, MS 39225 Date completed: 7-30-09 (601)961-5210 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 Latitude: 231-37-33_ongitude: 90-07-56 Owner Name: Method of Lat/Long (check one): Conventional Survey___ Mailing Address: USGS quad_____, Hand-held GPS____, Survey-grade GPS____ NW 4 NE 4 Sec 30 T 84 R/16 39686 Direction Nearest Town Distance 4 Miles 4 orth of montullo Ms Telephone No. Power Type **Pump Type** Circle one Circle one Diesel Engine Gasoline Engine Natural Gas Air Lift Jet Submersible Electric Motor Tractor PTO Turbine Hand Bucket Piston Windmill Other (specify): ___ Flowing Well Rotary Centrifugal Horse Power Rating of Motor: Other (specify): _ 7-30-09 Date Pump Installed: ____ Setting Depth: __ /S Gallons Per Minute Number of Stages: ____ Rated Pump Capacity: ____ Method of Measuring Water Level **Pump Test Data** Circle one 7-30-09 Date Well Tested: ___ Steel Tape Electric Measuring Line Air Line Static Water Level (A): _______ Feet Below Land Surface Other (specify): Pumping Water Level (B): 40 Feet Below Land Surface Drawdown [(B) - (A)]: 40 Feet Below Land Surface For flowing well, measured shut in head: _____feet 15 GPM with a drawdown of Gallons Per Minute Test Pumping Rate: 2 & feet after 4 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.

WELLS

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer
Form: OLWR-SWR-1B (04/08)

ames Walls

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BY: OLWR