	State Well Report	For Office Use Only:
county: Lawrence	Part 1 - Driller's Log	169
Mis	sissippi Department of Environmental Quali	ty Aquifer:
Permit #: 0-586	Office of Land and Water Resources P.O. Box 2309	Well #:
Driller. JAMES WELLS	Jackson, MS 39225	L. S. Elevation:
Date drilling completed: 3-10-11	(601)961-5210	
	(601)961- 5228 (fax)	E-log #:
State Law requires that this report be p	prepared by the license holder responsible	for the work and filed with the
Department at the above address with	in 30 days of completion of uraling of the	well or borehole. or Borehole Location
Information on Well Owner		
(Landowner if borehole is not for a w Owner Name Bobby Willian	ns Latitude: <u>21 0 0</u>	Q_Longitude90_00_17
Owner Name DD== g Confirment	Method of Lat/Long (cire	cle one): Conventional Survey,
Mailing Address: 110 Cephusl		-held GPS, Survey-grade GPS
Sil Oak MS	39663 NW 1/2 NW: Sega	3 Twn 6N Rng ZOW
City State	Zip Code Distance Directi	on Nearest Town of Manticello
Telephone No. (601) 886 - 7226		01
	Well / Borehole Data	
Date drilling started: <u>3-10-11</u> Date drilling	completed: <u>3-10-11</u> Hole depth: 105	Hole diameter: 71/31
Location of the source of any surface water use	d for drilling: MID ing Creek	
Method of dosing and volume of Chlorine used	a in amining and development	
Name of organization running log(s):	lectric Gamma Ray Density Sonic Neutr	
Purpose of borehole (check one): Water Well	Geotechnical/Geological Investigation G	round Source Heat Pump
Seismic Surve	eyOther (describe)	Lie black
If drilling is not related to w	ater well construction, skip the remainder of t	nis diock
	trialPublic SupplyIrrigationFish Cu	
If a flowing well, method of flow regulation: V	alve Other (describe)	
Static Water Level:	orbelow (circle one) land surface Date meas	ured: <u>3-/0-1/</u>
Method of Measurement (circle one) steel to		
Well depth: <u>105</u> Well grouted to a depth of	. 1	
	ameter:inches Type of casi	
Screen length: <u>20</u> feet Screen di		cn: <u>~ / /</u>
Screen slot size.	Setting depth: From	
Type of completion (circle all applicable):		-F.
8	ther (describe):	
Top of lap pipe or reduction in casing:	feet. If telescoped or more than on	e screen, describe on next page Form: OLWR-SWR-1A (04/08
		FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD

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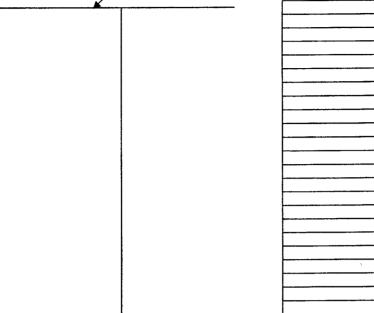
APR 1 8 2011 BY: OLMR

L69

The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level_____

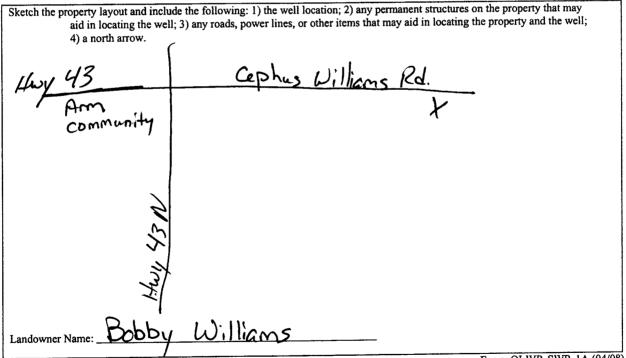
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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
+005611	Ground Level	
davi	1	55
SEAN	55	105
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If more than one screen, show location of each on sketch



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 Licensee and License No.

Date

War

Signature of Licensee

APR 1 8 2011 BV: OLWR

County:		Pamp Installer's	STATE WELL REPORT Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)	
Permit #: Driller: <u>JAMES</u> Date completed: <u>3-1</u>	WELLS	Office of Land a P.O. J Jackson, M (601)		
This report should	e prepared b		il and filed with the Departme	nt Visin 30 azys of the
installation of penal Well	Owner Infor	nation	We	II Location
Owner Name: Bobby Williams		Latitude:	_Longitude:	
Mailing Address: 110 Caphus Williams Rd.		Method of Lat/Long (circle o	ne): Conventional Survey,	
Mailing Address:	apias			d-held GPS, Survey-grade GP
		01/ 20112		<u>3 Twn GN Rng D</u>
Silver Creek MS 39663			· .	
City		•	Distance Direction	
Telephone No. (100)	886 - 72	726	15_Miles_SE	of 1 10 Aticello
tophone in the there			<u></u>	
	Pump Typ			ower Type Circle one
	Circle one		_	
Air Lift	Jet	Submersible	Diesel Engine Gasol	
Bucket	Piston	Turbine	Electric Motor Hand	Tractor P
Centrifugal	Rotary	Flowing Well		r (specify):
· ·		-	Horse Power Rating of Moto	DF:
Other (specify):	3-10-	11	Setting Depth:	
Date Pump Installed:				/
Rated Pump Capacity:	12	Gallons Per Minute	Number of Stages:	
······			Method of N	feasuring Water Level
	Pump Test I			Circle one
Date Well Tested:	-10-11		Air Line Electric M	easuring Line Steel Tap
Static Water Level (A):	40	Feet Below Land Surface	Other (specify):	
Pumping Water Level (I	3): <u>60</u>	Feet Below Land Surface		
Drawdown [(B) - (A)]:	45	Feet Below Land Surface	For flowing well, measured	shut in head:í
	18	Gallons Per Minute	Well yielded	GPM with a drawdown of
Test Pumping Rate:	10	61	5 feet after	hours of pum
Duration of Pump Test	(minimum 4 h	ours):hours		
L				
THEREBY CERTIFY	hat the above	statements are true to the bes	t of my knowledge.	11.11.
1	ELLS	-01	I WIYL	o wend
JAMES		12-1210	Signature of Pump	

APR 1 8 2011 BY: OLWR