4				
	State Well Report		For Office Use Only:	
County: Leflore	Part 1 – Driller's Log Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: G-126	
Driller: RATIFF WAter Well		Box 10631 18 39289-0631	L. S. Elevation:	
Date drilling completed: 9-18-06	(601)	961-5210		
	(601)354-6938 (fax)		E-log #:	
State Law requires that this report Department at the above address	be prepared by the lice within 30 days of comm	ense holder responsible for a pletion of drilling of the well	the work and filed with the or borehole.	
Information on Well Owner			rehole Location	
	(Landowner if borehole is not for a water well)		<u>_" Longitude:" "</u>	
Owner Name (c) IN Reed		Method of Lat/Long (circle or		
Mailing Address: 801 N. CURFIS Wood LANE		USGS quad, Hand-heid GPS, Survey-grade GPS		
			Twn 20 Rng W	
<u>Nashville TN.</u> City State	37204			
City State	zip Code	Distance Direction	Nearest Town	
Telephone No. ()				
Well / Borehole Data				
Date drilling started: $9-3-06$ Date drilling completed: $9-12-06$ Hole depth: 970 Hole diameter: $8'/4''$				
Location of the source of any surface water used for drilling: <u>IAUSATION</u> Well Method of dosing and volume of Chlorine used in drilling and development: <u>CRANDLAP. HTH</u>				
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well Ceotechnical/Geological Investigation Ground Source Heat Pump				
	urveyOther (<i>describe</i>		ock.	
If drilling is not related to water well construction, skip the remainder of this block Purpose of Well (check one): Home L Industrial Public Supply Irrigation Fish Culture Other:				
÷			Other:	
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: _25feet above of below (circle one) land surface Date measured: _9-18-06				
Method of Measurement (circle one) ste	el tape electric tape	air line other:		
Well depth: <u>950</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one) Neat Cement Bentonite Mix				
Casing length: $\underline{730}$ feet Casing diameter: $\underline{4\chi z'/z}$ inches Type of casing: $\underline{5Tee}$				
Screen length:feet Screen				
Screen slot size: <u>, 0/0</u> inches Setting depth: From <u>930</u> feet to <u>850</u> feet				
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development	
	Other (describe):			

168'

Top of lap pipe or reduction in casing:

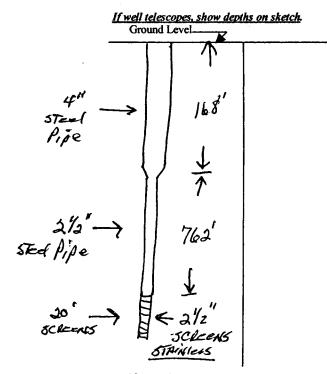
Form: OLWR-SWR-1A

feet. If telescoped or more than one screen, describe on next page

RECEIVED OCT 1 9 2006 BY: OLWR

G - 126

The sketch below only required for water wells

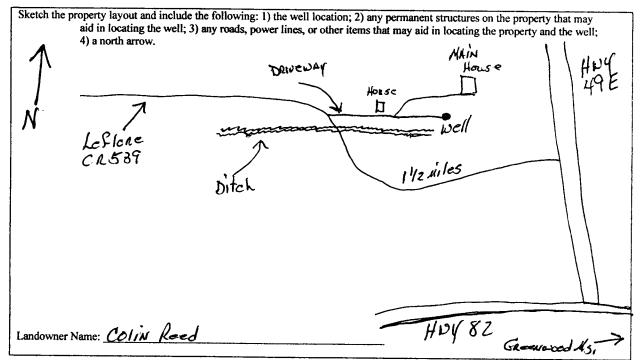


۲,

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)
CIAY	Ground Level	25
SANC	25	70
GRAVEL & SANId	70	90
GRAVEL	90	150
CARY & SAND STKS	150	290
CIAY	290	410
SANdy Shale	410	Stelo
Rock	566	567
SANdy Shale	567	595
Rock	593	605
SANdy Shale	405	870
SANd	870	970
	1	
	1	1
	1	
	1	
	1	+
	1	+
	1	11

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



Form: OLWR-SWR-1A

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

laws. KAt Kobent

10-12-06

Print Name of Responsible Licensee and License No.

Date

Signature of License

OCT 19 2006 BY: OLWR

STATE W	ELL REPORT		
Permit #: Driller: RATISCUATER Well Date completed: 9 = 18 = 0 (c) Pump Installer Mississippi Department Office of Land P.O Jackson,	and Water Resources Box 10631 MS 39289-0631	For Office Use Only: Aquifer: Well #: <u>G - 126</u>	
	54-6938 (fax)	Elevation:	
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department			
Well Owner Information		ocation	
Owner Name: Colin Reed	Latitude:Longitude:		
Mailing Address: 801 N. Curfis Wood LANCe	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 4 Sec5T_20R_1 4 Sec5T_20R_1 Distance Direction Nearest Town		
NAShpille Tri. 39209 City State Zip Code			
Telephone No. ()	5 Miles NW of GREENWOOD		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline E	ngine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (spe	cify):	
Other (specify):	Horse Power Rating of Motor:	-	
Date Pump Installed: 9-18-06	Setting Depth: 105	feet	
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: 18		
Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 9-18-04 Static Water Level (A): ZS Feet Below Land Surface Pumping Water Level (B): GZ Feet Below Land Surface	Air Line Electric Measuri Other (specify):	ng Line Steel Tape	
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut i	n head:feet	
Test Pumping Rate:	Well yieldedG	PM with a drawdown of	
Duration of Pump Test (minimum 4 hours): hours	feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best Rebert E, RA + 1; PF sh, O-002 Print Name of Pump Installer and License No. (if applicable)	of my knowledge Koleit 6. Katte Signature of Pump Insta		
	//	Form: OLWR-SWR-1B RECEIVEI	

•

7

0CT 1 9 2006 BY: OLWR