<b></b>	State W	ell Report			
county: Lincoln	Part 1 – 1	Driller's Log	For Office Use Only:		
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:		
Driller: Justin Robinson	P.O. Box 2309 Jackson, MS 39225		Well #: <u>R63</u>		
Date drilling completed: 5/13111	(601)	961-5210	L. S. Elevation:		
	(601)961- 5228 (fax)		E-log #:		
State Law requires that this repor Department at the above address	t be prepared by the lic within 30 days of com	ense holder responsible for a	the work and filed with the		
Information on Well C	Wner	بسيبي والمتعادية بالمكالم والمتكاف والمتعادة المتعاد والمتعاد والمتعاد والمتعاد والمتعاد والمتعاد والمتعاد	brehole Location		
(Landowner if borehole is not for a water well)		Latitude: Vogo 18 , 704	" Longitude: 13/ ° 82 '229"		
Owner Name Wayne Janeau		A A Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: 3403 Hwy 583 5E					
·			USGS quad, Kand-held GPS, Survey-grade GPS		
Roth MS	Ruth MS 39662 City State Zip Code		Twn <u>5N</u> Rng <u>9E</u>		
City Stat	e Zip Code Distance Direction		Nearest Town ofKhaven		
Telephone No. (601) 551 369	2	Miles <u>)</u>	or Brook haven		
	Well / Bore	hole Data			
Date drilling started: <u>5/12</u> Date dri			Hole diameter / 36		
4	Λ.	•	note diameter		
Location of the source of any surface wate Method of dosing and volume of Chlorine	r used for drilling: $\underline{\sqrt{V}}$	opment: <u>10 ppm</u>			
Logs run (circle all applicable): No log run Name of organization running log(s):		•			
Purpose of borehole (check one): Water We	ell Geotechnical/Geol	ogical Investigation Ground	Source Heat Pump		
	 Survey Other ( <i>describe</i>	· · ·	A		
		n, skip the remainder of this bla	<u>xck</u>		
Purpose of Well (check one): Home // In	dustrial Public Supply	Irrigation Fish Culture	Other:		
If a flowing well, method of flow regulation	n: Valve O	ther (describe)			
Static Water Level: 85 feet abo	ove or below (circle one) l	and surface Date measured:	5/13/11		
Static Water Level: <u>\$5</u> feet above or below (circle one) land surface Date measured: <u>5/13/11</u> Method of Measurement (circle one) (steel tape) electric tape air line other:					
Well depth: 10 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: <u>140</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Sch 40 4</u>					
Screen length: <u>20</u> feet Scree	n diameter: 4	inches Type of screen:	schud yin		
Screen slot size: 012 inches	Setting depth: From	/(00) feet to /	140 feet		
Type of completion (circle all applicable):					
· .	Other (describe):				
Top of lap pipe or reduction in casing:	feet. If tel	escoped or more than one scree	<u>n, describe on next page</u>		
	· · · ·		Form: CLWR FMB 1A (04/08		
· · · · · · · · · · · · · · · · · · ·	n.		JUN 0 2 2011		
	•				
· · ·			BA: OTME		
N.					

R63

## The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level\_\_\_\_\_ <u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
red clay sardy boom	Ground Level	2.8
bis white san's with	23	78
PEC, Blue clay mix Big time white sands relipsorts	78	115
Bir Fine white sands relipacks	115	160
· · · · · · · · · · · · · · · · · · ·		
	·	
· · · · · · · · · · · · · · · · · · ·		
		[
		ľ
L		

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.

Rìth Hwy 583 store Jarreau Alle Landowner Name: 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

Date

laws.

Print Name of Responsible Licensee and License No.

// Signature of Licensee

JUN 0 2 2011 SY: ULWR

	STATE W	ELL REPORT		
County: Lincoln	F	Part 2	For Office Use Only:	
Permit #:	Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:	
Driller: <u>Sustinkabits</u> on	P.O. Box 2309		Well #: R (6 3	
Date completed:	Jackson, MS 39225 (601)961-5210			
Copy information from block on Part 1	(601)961-5228 (fax)		Elevation:	
This part of the report must be completed l report must be attached and both parts file	d with the Department (	contractor or a licensed pump i at the above address within 30 d	nstaller. A copy of Part 1 of the ays of well completion.	
Well Owner Information			I Location	
Owner Name: Wayne Sarreau		Latitude: W090 18 106 Longitude: 1 3/22 239		
Mailing Address: 3603 Hwy 5835E		Method of Lat/Long (check one): Conventional Survey,		
7		USGS quad, Hand-held	GPS, Survey-grade GPS	
City State Zip Code		NW K NW K Sec 28 T SN R 9E		
City State Zip Code		Distance Direction Nearest Town		
Telephone No. (601) 551-3692		12 Miles SE of Brookhaven		
Pump Type		  Pot	wer Type	
Circle one			ircle one	
Air Lift Jet (	Submersible	Diesel Engine Gasolin	e Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other (	specify):	
Other (specify):	· · ·	Horse Power Rating of Motor:	314	
Date Pump Installed:5 //3 / 1 /		Setting Depth: <u>//S</u> feet		
Rated Pump Capacity: 12	Gallons Per Minute	Number of Stages: 8		
Pump Test Data			asuring Water Level	
Date Well Tested:		Ci	rcle one	
Static Water Level (A): Feet B	elow Land Surface	Air Line Electric Meas	Electric Measuring Line Steel Tape	
Pumping Water Level (B): <u>115</u> Feet B	Other (specify)-			
Drawdown [(B) – (A)]:Feet B	elow Land Surface	For flowing well, measured shi	ut in head:feet	
Test Pumping Rate: 12	allons Per Minute	Well yielded	_GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	<u> </u>		hours of pumping	
		• • • • • • • • • • • • • • • • • • •		
I HEREBY CERTIFY that the above statement	nts are true to the best o	f my knowledge.		
Tustin Kobinson CC2 Print Name of Pump Installer and License No	<u>(if amplicable)</u>	histi a	tollar	
THE PARTY OF THE PRISE POLICE AND LICENSE NO	(ii applicable)	Signature of Pump Ins	Form: OLWR-SWR JI B2(02104	

BY: OLWR