State W	ell Report For Office Use Only:		
	riller's Log		
Mississippi Departmen	t of Environmental Quality Aquifer:		
DO 5	nd Water Resources Sox 2309 Well #:		
	, MS 39225 061- 5210 L. S. Elevation:		
	- 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 Owner	Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: 33 °36 '655" Longitude 08 °39 '007"		
Owner Name Chuck Strickland	Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: 98 Kungo tout	USGS quad, (Hand-held GPS, Survey-grade GPS		
Columbia and 30 To 2	IR 14 SW 14 Sec T Twn /75 Rng 19 20		
Columbus, MS 39702 City State Zip Code	Distance Direction Nearest Town Miles Of Olumbrus		
Telephone No. (662 251 - 5084	o wheel of the contract of the		
Well / Borehole Data			
Date drilling started: 3509 Date drilling completed: 3509 Hole depth: 122 Hole diameter:			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: Ala and any surface water used for drilling:			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):			
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level:			
Method of Measurement (circle one) steel tape electric tape air line other:			
Well depth: 132 Well grouted to a depth of 2 Cleet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 62 feet Casing diameter: 4 inches Type of casing: 970			
Screen length: +O feet Screen diameter: 2 inches Type of screen: PVC			
Screen slot size: 013 inches Setting depth: From 6 feet to 107 feet			
Type of completion (circle all applicable): Gravel packed Underreamed 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			

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The sketch below only required for water wells	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations		
If well telescopes, show depths on sketch.	weeks with our citates, whiteos speed remit		,
Ground Level	Description of Formations Encountered	From (depth) To (dept	th)
	Red sandy Clay	Ground Level \2	
	Sanda gradel	12 32	د
	Sandy Alex Clay	32 38	
} 	Cony	38. 55	
1 1	Sandy clay	55 15)
		75 85	
Packer 3'Blank -4'Blank -40'Screen	Sandy Clay	85 133	1
	3 0		
1 -3'Blame		T I	
Cartrologe \			
N massamp			
11180000			
1 -4 Starte			
Merson Of It			
H)			
И			
Н			
H			
111			
11-15 Blank			
15 Blank Sand shark			
VY) Danial Diagram			
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.

Clifford Way Dr.

To m big bee River

Landowner Name: Chuck Struckloand

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

Donald B. Clardy 0496 3/31/09

Print Name of Responsible Licensee and License No.

Date

Signature of Licenses

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STATE WELL REPORT Part 2 For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit # Aquifer: Office of Land and Water Resources P.O. Box 2309 Well #: Jackson, MS 39225 Date completed: (601)961-5210 (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: 32° 655 Longitude: 088 29.00 Owner Name: (Method of Lat/Long (check one): Conventional Survey USGS quad Hand-held GPS , Survey-grade GPS Distance Direction Nearest Town Telephone No. 102 251 - 5084 Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas **Bucket** Piston Turbine Electric Motor Tractor PTO Hand Centrifugal Flowing Well Windmill Other (specify): Rotary Other (specify): Horse Power Rating of Motor: Date Pump Installed: Setting Depth: Rated Pump Capacity: **Gallons Per Minute** Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: Steel Tape Air Line **Electric Measuring Line** Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface For flowing well, measured shut in head: Gallons Per Minute Test Pumping Rate: Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Form: OLWR-SWR-1B (04/08)

JUL 2 7 2009

BY: OLWR