State V	Vell Report	
	Driller's Log	
Mississippi Departme	nt of Environmental Quality Aquifer: <u>240</u>	
PO PO	nd Water Resources Box 2309 Well #:	
	MS 30225	
Date drilling completed CAU	961-5210 L. S. Elevation:	
(601)96	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 Owner (Landowner if borehole is not for a water well)	Well or Borehole Location	
Owner Name Ulilie Gones	Latitude: 33 ° 33 '189" Longitude 088 ° 21 1096	
Mailing Address: 3557 Sound Rd.	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, (Hand-held GPS, Survey-grade GPS / St. 1/4 St. 1/4 Sec. 30 Twn 17 S Rng 17 W	
Contremo, on & 39766		
City State Zip Code	Distance Direction Nearest Town Miles Cast of Columbrus	
Telephone No. (100) 329 - 995		
Well / Bor	chole Data	
Date drilling started: 12/6/10 Date drilling completed: 12/6/10 Hole depth: 180 Hole diameter:		
Location of the source of any surface water used for drilling:		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:		
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump		
Seismic SurveyOther (<i>describe</i>) If drilling is not related to water well construction, skip the remainder of this block		
Purpose of Well (check one): Home <u>Industrial</u> Public Supply Irrigation Fish Culture Other:		
If a flowing well, method of flow regulation: Valve Other (describe)		
Static Water Level:feet above or below (dircle one) land surface Date measured: 12 4 10		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth: 180 Well grouted to a depth of 20 Feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: 61% feet Casing diameter: 4 inches Type of casing: $9\sqrt{C}$.		
Screen length:		
Screen slot size:inches Setting depth: Fromfeet tofeet		
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		
Form: OLWR-SWR-1A (04/08		

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

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

<u>If well telescopes, show depths on sketch.</u>		
Ground Level	Description of Formations Encountered	From (depth) To (depth)
······································	Brown Dandy Clay	Ground Level 5
	Sand + granel ()	5 22
	Brown Ander Claur	a a a8
	Sandy eluschard	28 32
	Blues Claus 0	32 40
	Sandy Chan	40 54
	Coord 0	54 94
	Fine Dand	94 97
	Clay	47 117
	Sandy Clay	117 129
	Clay U U	129 160
	Sand streak	160 169.
	June Dand	169 174%
	Rock	17472 175
	Rocky sand	175 179
	Elay	179 180
	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	
I 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. Fence Mo bile Home Drive - Way Ť Well Sand Rd. 00 me 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

UNR00000-496 laws. Uonald lard Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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	ATE WELL REPORT For Office Use Only:	
County: Joundes	Part 2 Imp Installer's Completion Report Aquifer:	
Permit #: Mississi	ppi Department of Environmental Quality	
Driller: Clandy Drill, O	office of Land and Water Resources Well #:	
Date completed: 121910	Jackson, MS 39225 Elevation:	
	(601)961-5210	
Copy information from block on Part 1	(601)961-5228 (fax)	
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 Owner Information	Well Location	
Owner Name: Yulullie Jonge	Latitude: 33° 33.189 Longitude: 088° 21.096	
Mailing Address: 3557 Sand R	A. Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS V, Survey-grade GPS	
Steene The Zip	Sq7 1 do 1/4 Sec T R	
Telephone No. (662 329 - 995)	Distance Direction Nearest Town Miles East of Columbus	
Pump Type	Power Type	
Circle one Circle tone Submersil	ble Diesel Engine Gasoline 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:'	
Date Pump Installed: 12 9 10	Setting Depth:feet	
Rated Pump Capacity:151Gallons Pe	r Minute Number of Stages:	
Date Well Tested:	Method of Measuring Water Level	
Date Well Tested: OM 10	Circle one Air Line Electric Measuring Line (Steel Tape)	
Static Water Level (A):Feet Below Lan	d Surface	
rumping Water Level (B):Feet Below Land	Other (specify):	
Drawdown [(B) – (A)]:Feet Below Land		
est Pumping Rate:Gallons Pe	r Minute Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	hoursfeet afterhours of pumping	
This is for (circle one): New Well Replace	cement of Existing Pump Repair of Existing Pump	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
Donald B. Clardy UNR00000- Con UBCLG		
Print Name of Pump Installer and License No. (if appli	cable) Signature of Pump Installer Form: OLWR-SWR	
	JAN 04 20	

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BY: OLWR