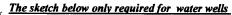
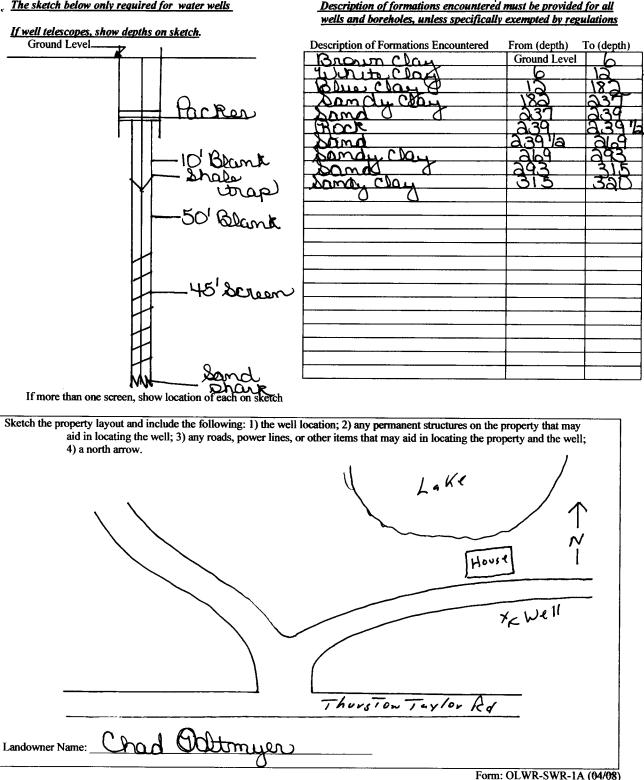
State W	ell Report				
	Driller's Log	For Office Use Only:			
Mississippi Departmen	nt of Environmental Quality	Aquifer:			
	nd Water Resources Box 2309	Well #:			
	n, MS 39225	L. S. Elevation:			
1 Data drilling completed: 11 1 11 11 1	961-5210 1-5228 (fax)	L. S. EICVALIOII.			
	(601)961- 5228 (fax) 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)	N				
Owner Name Chad altonyer	Latitude 33 • 39 · 58 r Longitude 8 • 33 · 157				
$- \sim \cdot \cdot \cdot \cdot$	A () I Method of Lat/Long (circle of Lat/L				
Mailing Address: <u>222</u> USCS and Under the data of the		GPS Survey-orade GPS			
Hollow	USGS quad Hand-held GPS, Survey-grade GPS				
Columbria Ma 39705 SE North Sec. 19 Two 19 N Ring 17 E					
City State Zip Code	Distance Direction	Nearest Town			
Telephone No. (662) 327-1059	City State Zip Code Distance Direction Nearest Town 5/2 Miles W of Columbruo				
Well / Borg	chole Data				
Date drilling started: 31510 Date drilling completed: 31710 Hole depth: 320 Hole diameter: 4					
Location of the source of any surface water used for drilling:	I				
Method of dosing and volume of Chlorine used in drilling and deve	Method of dosing and volume of Chlorine used in drilling and development:				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s):	Name of organization running log(s):				
Purpose of borehole (check one): Water Well <u>Ceotechnical/Geo</u>	Purpose of borehole (check one): Water Well 🖌 Geotechnical/Geological Investigation Ground Source Heat Pump				
	Seismic Survey Other (<i>describe</i>)				
If drilling is not related to water well construction, skip the remainder of this block					
Purpose of Well (check one): Home Industrial Public Supply	yIrrigationFish Culture	Other:			
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 131feet above or below (circle one) land surface Date measured: 3/17/10					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 32 Well grouted to a depth of 20 Feet Type of grout (circle one): Neat Cemen Bentonite Mix					
Casing length: <u>218</u> feet Casing diameter: <u>1</u> inches Type of casing: <u>PVC</u>					
Screen length: 45 feet Screen diameter: 2 inches Type of screen: PVC					
Screen slot size: 013 inches Setting depth: From <u>215</u> feet to <u>320</u> 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:					
Form: OLWR-SWR-1A (04/08					
		rom: ULVVK-SVVK-TA (U4/U8)			

و ب ر

APR 0 8 2010

BY: OLWR





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. Clardy bland Print Name of Responsible Licensee and License No.

Jonald B Charley

Signature of Licensee

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STATE WELL REPORT				
County: Permit #: Driller: Clandy OriOL Date completed: Copy information from block on Part 1 This part of the report must be completed	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) d by a licensed water well contractor or a licensed pump in		For Office Use Only: Aquifer:	
report must be attached and both parts filed with the Department at the above address within 30 days of well completion.				
Well Owner Information Owner Name: Chad (J. Altra Mailing Address: 200 (), 74	myen	N Latitude: <u>33° 29.581</u> Method of Lat/Long (check on	Longitude: 088° 33 151 e): Conventional Survey, GPS, Survey-grade GPS	
Columbra City State Telephone No. (dog 327 - 10	Zip Code	Distance Direction	TR Nearest Town f_Columbrue	
Pump Type Circle one			wer Type 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 (Horse Power Rating of Motor:	specify):	
Other (specify):	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		l l	
Date Pump Installed:	Gallons Per Minute	Setting Depth: ACX Number of Stages:5		
	······			
Pump Test Data Date Well Tested: 4 6 10 Static Water Level (A): 13 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Drawdown [(B) – (A)]:Feet Test Pumping Rate:38	Below Land Surface Gallons Per Minute	For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours)	:hours	feet after	hours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				

Donald B. Clardy 0-496 Print Name of Pump Installer and License No. (if applicable)

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Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED APR 0 8 2010

BY. OLMP