County: LOWNLES
Permit #: MS - QW - 112121
Driller: TW Parks Orilling
Date drilling completed: 8-18-07

State Well Report Part 1 – Driller's Log

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)

For Office Use Only:				
Aquifer:				
Well #:				
L. S. Elevation:				
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 comp	oletion 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: ° ' "Longitude: ° ' "
Owner Name Estate of Lloyd Hiebert	
Mailing Address: 4071 Baldwa Road	Method of Lat/Long (circle one): Conventional Survey,
Walling Address: 9011 Carlot y// 1000	USGS quad, Hand-held GPS, Survey-grade GPS
	564 NW Sec 26 Twn 17N Rng 18E
$M_{aco} ms 39341$	$\frac{500\% \sqrt{100\%} \sec \sqrt{6}}{\sqrt{100}} \sqrt{100\%} \sqrt{100} 1$
City State Zip Code	Distance Direction Nearest Town 15 Miles 50000 of Columbus
Telephone No. (42) 738 - 4807	15 Miles 50th of Columbus
Well / Bore	
Date drilling started: $\frac{7-31-07}{}$ Date drilling completed: $8-18-$	10 Hole depth: 150 Hole diameter: 6"
Location of the source of any surface water used for drilling:	\mathcal{M}
Method of dosing and volume of Chlorine used in drilling and devel	lopment: 5% Chlorine Solution Mix
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:
Purpose of borehole (check one): Water Well X Geotechnical/Geok	ogical Investigation Ground Source Heat Pump
Seismic Survey Other (describe)
If drilling is not related to water well construction	n, skip the remainder of this block
Purpose of Well (check one): Home Industrial Public Supply	IrrigationFish Culture X_Other:
If a flowing well, method of flow regulation: ValveO	ther (describe)
MC	0.00 p.Dra-
Static Water Level:feet above or below (circle one) l	and surface Date measured: O $<$ C
Static Water Level:	air line other: SFP 1.0.20
Well depth: 745 Well grouted to a depth of 80 feet Type	of most (simila analythat Comont) Pontanita
wen depun. 775 wen grouted to a depun of 85 reet Type	of grout (circle one). Near cement bentonne By
Casing length: 65 feet Casing diameter: 6	
Screen length: 80 feet Screen diameter: 6	inches Type of screen:
Screen slot size:inches Setting depth: From	1665 feet to 745 feet
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: feet. If tel	lescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

The sketch below only required for water wells

<u>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. Ground Level Description of Formations Encountered From (depth) To (depth) Ground Level <1au Store / Crail 120 115 120 <u>70</u> 240 205 +6"Casing 65" 480 540 540 635 640 640 Gravel Pack

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.	1;
)—————————————————————————————————————	Shop X Well
45	192 July 50 July 192	Tul.
	The first of the state of the s	CEIVED 192007 OLWR
Landowner	Name: FOTULOR MUCH TIEVELT WUDERT KOEKN)

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.

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT

Date 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)

For Office Use Only:				
Elevation:				

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 Owner Information **Well Location** Latitude: Longitude: Mailing Address: Method of Lat/Long (check one): Conventional Survey Hand-held GPS , Survey-grade GPS Distance Direction Nearest Town (blumbus tall of Telephone No. $(\mathcal{O}\mathcal{C}\mathcal{A})$ **Pump Type** Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Electric Motor Piston Turbine Hand **Tractor PTO** Centrifugal Windmill Rotary Flowing Well Other (specify): Horse Power Rating of Motor: Other (specify): Date Pump Installed: Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Leve Circle one Date Well Tested: Electric Measuring Line Air 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 _____feet after _____hours of pumping Duration of Pump Test (minimum 4 hours):

I HEREBY-CERTIFY that t	the above statements are true to the	he best of my knowledge.
TM Larks	#0053	Jul ache
Print Name of Pump Installe	er and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B