	State W	ell Report				
County: Marcian	Part 1 – Driller's Log		For Office Use Only:			
-		t of Environmental Quality	Aquifer:			
Permit #: 0 - 586		nd Water Resources	Well #: B-61			
Driller: JAMES WELLS		Box 2309				
	(22.1)221		L. S. Elevation:			
		I- 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 C		Well or Borehole Location				
(Landowner if borehole is not for a water well)		2:	50.56.40			
		Latitude: 31 ° 22,05	" Longitude: <u>89° 56°, 49</u> "			
Owner Name Stephenie Tolum Mailing Address: 395 Tolan Rd		Method of Lat/Long (circle one): Conventional Survey,				
	•	USGS quad, Hand-held GPS, Survey-grade GPS				
- Columbia V	Viso 39429					
		NW4 SE 4 Sec 30 Twn Sh Rng 19 W				
City Stat	e Zip Code	Distance Direction	Nearest Town			
	•	Distance Direction Nearest Town Miles 10 W of Columbia Ms				
Telephone No. (601) 73662	41	_				
	Well / Bore	hole Data				
Date drilling started: 12-2-0 Date drilling completed: 12-02 Hole depth: 165 Hole diameter: 7						
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: Zllc Shock						
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:feet above of below (circle one) land surface Date measured:						
Method of Measurement (circle one) steel tape electric tape air line other:						
Well depth: Well grouted to a depth of / Greet Type of grout (circle one) Neat Cement Bentonite Mix						
Casing length: 145 feet Casing diameter: 4 inches Type of casing: 6 VC						
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC						
Screen slot size: .008 inches Setting depth: From / 4) feet to 165 feet						
Type of completion (circle all applicable):	Gravel nacked \ I Inder	eamed Telescoped Open	nole 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)

RECEIVED

IAN 08 2009

BY: OLWR

From (depth) To (depth)
Ground Level 2

10

25-

10

25

100

JAN 08 2009

BY: OLWR

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

Description of Formations Encountered

•					
					
					
					
					
•				 	
		L		L	
Sketch the property layout and aid in locating the	show location of each on sketch d include the following: 1) the we he well; 3) any roads, power line	ell location: 2) any	permanent structures on the part may aid in locating the pro-	property that may perty and the well;	
4) a north arrow	·		•		
					- 1
	•				
					.
					İ
					1
C &	Exhanic Tala				
Landowner Name:	phone oca	^_	•		
			Form	OI WE SWELL	(04/08)
				: OLWR-SWR-1A	
certify that the well/borehol	le was drilled, constructed, and	completed in acco	rdance with all applicable	requirements of th	ne
	nvironmental Quality and the M				
manabhi nebartnent oi Fi	ton oumentar Ananch and me p	reseasibly nobute	1		
JAMES WE	LLS 0-586		James West	<u>ሌ</u>	-
rint Name of Responsible L	icensee and License No.	Date	Signature of Licens	ee	
rene rante at vestamente es	TOWNSHIP MINING SERVICE CONTRACTOR CONTRACTOR		4		>= 11.4
				HE	CEIV

J. . . 3

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level.....

STATE WELL REPORT

STATE WELL REPORT						
County: Marin	Pa	art 2	For Office Use Only:			
•	Pump Installer's	Completion Report	1			
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:			
Driller: JAMES WEUS		nd water Resources Box 2309	2/1			
Date completed: 12-2-08		, MS 39225	Well #: B-61			
Date completed: 12,2	(601)	961-5210	Elevation:			
Copy information from block on Part 1	(601)96	1-5228 (fax)	Elevation.			
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 Informati	ion	Well Location				
Owner Name: Stephanie Talen		Latitude:Longitude:				
Mailing Address: 395 Tolen Rd		Method of Lat/Long (check one): Conventional Survey,				
Colum	Lio m 5 39429	USGS quad, Hand-held GPS, Survey-grade GPS				
•	•					
City State Zip Code		Distance Direction Nearest Town				
Telephone No. (601) 736 6241		8 Miles hw of Columbia ins				
		n.				
Pump Type Circle one			wer Type ircle one			
Air Lift Jet	Submersible	Diesel Engine Gasolir	ne 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	: <i>_</i> _			
Date Pump Installed: 12-2-03		Setting Depth:feet				
Rated Pump Capacity:		Number of Stages:	+			
L						
Pump Test Data		Method of Me	asuring Water Level			
•		1	ircle one			
Date Well Tested: 12-7-03	<u> </u>	Air Line Electric Mea	suring Line Steel Tape			
Static Water Level (A):Feet Below Land Surface						
Pumping Water Level (B):Feet Below Land Surface		Other (specify):				
Drawdown [(B) - (A)]: Feet		For flowing well, measured shut in head:feet				
Test Pumping Rate:	Gallons Per Minute	Well yielded / 5 GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):	4_hours		hours of pumping			
	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
JAMES NELLS 0.586 James Walls						
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Signature of Pump Installer						

RECEIVED

JAN 08 2009

BY: OLWR