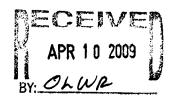
State W	/ell Report			
	Driller's Log For Office Use Only:			
Miceiesiani Denartmei	nt of Environmental Quality Aquifer:			
DO.	nd Water Resources Box 2309 Well #:			
1 7 LUNEC 1.14//5	DA 2303 DA 39225 DA 5310 L. S. Elevation:			
	901- 9210			
(001)90	1- 5228 (fax) E-log #:			
State Law requires that this report be prepared by the lic	ense holder responsible for the work and filed with the			
Department at the above address within 30 days of com	pletion of drilling of the well or borehole. Well or Borehole Location			
Information on Well Owner (Landowner if borehole is not for a water well)				
	Latitude: 31 • 22 , 29 " Longitude: 87 • 50 , 00 "			
Owner Name Charles Festen berry	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: 827 Sluck ey Rc	USGS quad, Hand-held GPS, Survey-grade GPS			
Calumbians 39429	Usos quad, mand-netd ors, survey-grade ors			
	NE 1/2 NW Sec 20 Twn Sh Rng TRW			
City State Zip Code	Distance Direction Nearest Town Miles North of Estumbia in S			
Telephone No. (60) 7366057				
Telephone No. () [) [] []				
Well / Bore	hole Data			
Date drilling started: 3-13 Mate drilling completed: 3-3-	69 Hole depth: 130 Hole diameter: 7			
Location of the source of any surface water used for drilling:	7000			
Method of dosing and volume of Chlorine used in drilling and devel	opment: 3 lb 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/Geol	ogical 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				
If a flowing well, method of flow regulation: Valve Other (describe) Static Water Level: O feet above or below (circle one) land surface Date measured: O feet above or below (circle one) land surface Date measured: O feet above or below (circle one) land surface Date measured: O feet above or below (circle one) land surface Date measured: O feet above or below (circle one) land surface Date measured: O feet above or below (circle one) land surface Date measured: O feet above or below (circle one) land surface Date measured: O feet above or below (circle one) land surface Date measured: O feet above or below (circle one) land surface Date measured: O feet above or below (circle one) land surface Date measured: O feet above				
Method of Measurement (circle one) steel tape electric tape air line other:				
A training of the state of the				
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC				
Screen slot size:				
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 tel	escoped or more than one screen, describe on next page			
	Form: OLWR-SWR-1A (04/08)			



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

Ground Level	De	scription of Formations Encountered	From (depth) Ground Level	To (depth)
			Ground Level	40
		50,00	40	170
	 	Res Frank	70	130
				
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			1	1
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P1 1	. A 1			
andowner Name: Charles 7	ortenberry			
andowner Name: Charles 7	ortenberry			
			a: OLWR-SWR-1	
ertify that the well/borehole was drilled,	constructed, and comple	eted in accordance with all applicable	requirements of	the
ertify that the well/borehole was drilled,	constructed, and comple	eted in accordance with all applicable	requirements of	the
ertify that the well/borehole was drilled, asissippi Department of Environmental (constructed, and comple	eted in accordance with all applicable ppi Department of Health regulations	requirements of	the
ertify that the well/borehole was drilled, ississippi Department of Environmental (vs. SAMES WELLS D	constructed, and complete constructed, and complete constructed, and complete construction of the construc	eted in accordance with all applicable ppi Department of Health regulations	requirements of	the
andowner Name: Charles 7 ertify that the well/berehole was drilled, ississippi Department of Environmental (TAMES WELLS D int Name of Responsible Licensae and Li	constructed, and complete constructed, and complete constructed, and complete construction of the construc	eted in accordance with all applicable ppi Department of Health regulations	requirements of	the
ertify that the well/borehole was drilled, ississippi Department of Environmental (vs. AMES WELLS D	constructed, and complete constructed, and complete constructed, and complete construction of the construc	eted in accordance with all applicable ppi Department of Health regulations	requirements of	the
ertify that the well/borehole was drilled, assissippi Department of Environmental (ys. AMES WEUS D	constructed, and complete constructed, and complete constructed, and complete construction of the construc	eted in accordance with all applicable	requirements of	the

The sketch below only required for water wells

If well telescopes, show depths on sketch.

STATE WELL REPORT Part 2 For Office Use Only: County: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Permit #: Office of Land and Water Resources P.O. Box 2309 Well #: Jackson, MS 39225 Date completed: (601)961-5210 Elevation: (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 Longitude: Latitude: Owner Name: Method of Lat/Long (check one): Conventional Survey____, Mailing Address: USGS quad____, Hand-held GPS___, Survey-grade GPS_ Zip Code State City Nearest Town Direction Distance (2) Miles Y UTG 6057 Tolumbra ms Telephone No. Power Type Pump Type Circle one Circle one Gasoline Engine Natural Gas Submersible Diesel Engine Air Lift Jet Tractor PTO Hand Electric Motor Turbine Bucket Piston Other (specify): Windmill Flowing Well Centrifugal Rotary Horse Power Rating of Motor: Other (specify): Date Pump Installed: Setting Depth: Gallons Per Minute Number of Stages: Rated Pump Capacity: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): 105 Feet Below Land Surface Feet Below Land Surface For flowing well, measured shut in head: ______feet S_Gallons Per Minute / S GPM with a drawdown of Test Pumping Rate: Well yielded _ 80 feet after 4 hours of pumping Duration of Pump Test (minimum 4 hours): _

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

0-286

NELLS

Print Name of Pump Installer and License No. (if applicable)

TAMES

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

Signature of Pump Installer

