State W	/ell Report			
	Por Office Use Only:			
Mississippi Departmer	nt of Environmental Quality Aquifer: 6 100			
	nd Water Resources Box 2309 Well #:			
	MS 39225			
Due diffine completed $9 \sim 17 = 0.9$ (601)	961-5210 L. S. Elevation:			
Date drilling completed: (601)96	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 comp	pletion 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: 31 • 19 · 09 " Longitude: 99 • 48,50 "			
Owner Name Charles May				
Mailing Address le 4 Delancy Robbins Rd.	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address 1 Velancy Noburts 190.	USGS quad, Hand-held GPS, Survey-grade GPS			
C_{1} , L^{1} , MS , $39/129$	5W 1/ 52 1/4 Sec 9 Twn 4N Rng 16W			
Columbia NIS 39429 City State Zip Code	Distance Direction Nearest Town			
	Distance Direction Nearest Town 			
Telephone No. (601) 736-8963				
Well / Bore	hole Data			
Date drilling started: 9-17-09 Date drilling completed: 9-17-09 Hole depth: 130 Hole diameter: 71/21/				
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and deve	opment: Shack			
-)				
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 X 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): Home Industrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: <u>65</u> feet above or below (circle one) land surface Date measured: <u>9-17-09</u>				
Static Water Level:feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 10 feet Casing diameter: 4 inches Type of casing: PUC				
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>				
Screen slot size: .008 inches Setting depth: From 10 feet to 130 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:feet. If telescoped or more than one screen, describe on next page				
	Form: OLWR-SWR-1A (04/08)			

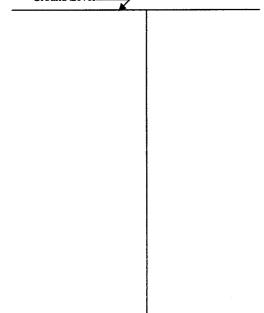
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The sketch below only required for water wells

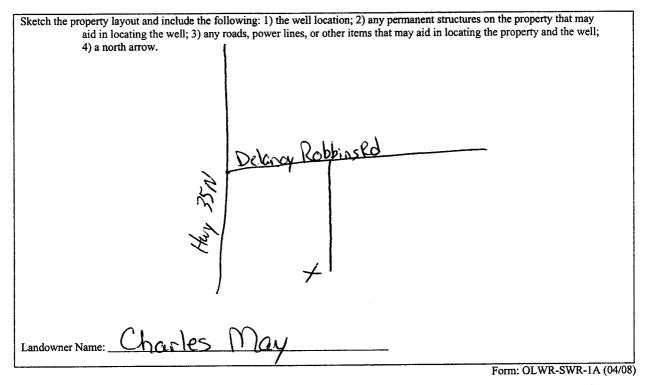
If well telescopes, show depths on sketch. Ground Level_____



Description of formations encountered	<u>must be providea</u>	<u>l for all</u>			
wells and boreholes, unless specifically exempted by regulations					
Description of Formations Encountered	From (depth)	To (depth)			
1005011	Ground Level	1			
clay	t	70			
Sand	50	130			

			10
	Sand	70	130
		1	
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If more than one screen, show location of each on sketch



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

Date

JAMES WELLS 0-586

Print Name of Responsible Licensee and License No.

amos Wall

Signature of Licensee

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STA	TE WELL REPORT
County:Pum Permit #: Driller: JAMES WELLS Date completed: 9-17.09 Copy information from block on Part 1 This part of the report must be completed by a licensed report must be attached and both parts filed with the D. Well Owner Information Owner Name: Owner Name: Owner Name: Mailing Address: Columbia MS 3942 City State Zip Co	Part 2 p Installer's Completion Report i Department of Environmental Quality ce of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax) water well contractor or a licensed pump installer. A copy of Part 1 of the epartment at the above address within 30 days of well completion. Well Location Latitude: Longitude: RO, Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 4 SecT_MRISW Distance Direction
Telephone No. (601) 736-8963	
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing W	2
Other (specify): Date Pump Installed: Rated Pump Capacity: Gallons Per 1	Horse Power Rating of Motor: Image: Comparison of Comp
Pump Test Data	Method of Measuring Water Level
Date Well Tested: $9-17-09$ Static Water Level (A): <u>65</u> Feet Below Land Pumping Water Level (B): <u>120</u> Feet Below Land Drawdown [(B) – (A)]: <u>73</u> Feet Below Land	Surface Other (specify):
Test Pumping Rate:	_hoursfeet afterhours of pumping
I HEREBY CERTIFY that the above statements are true <u>JAMES</u> <u>VELLS</u> 0-586 Print Name of Pump Installer and License No. (if applica	James Walls

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OCT 1 2 2009

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