State Well Report								
County: Marion	Part 1 – Driller's Log	For Office Use Only:						
Permit #:	Mississippi Department of Environmental Qu Office of Land and Water Resources	Iality Aquifer:						
	P.O. Box 2309	Well #: <u>J-103</u>						
Driller Vanna Watta	Jackson, MS 39225	L. S. Elevation:						
Date drilling completed: 7-22-08	(601)961- 5210 (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 fo	er a water well)							
Owner Name Loyd Who	len Latitude:	Latitude:°" Longitude:°"						
	Method of 1 at/1 ong (c	Method of Lat/Long (circle one): Conventional Survey,						
Mailing Address: 141 Hwy	USGS quad Ha	nd-held GPS, Survey-grade GPS						
Tylestown	n 1115 39668	_						
	<sup>1</sup> / <sub>4</sub> <sup>1</sup> / <sub>4</sub> Sec	<u>31 Twn 34 Rng 12E</u>						
City Stat	City State Zip Code Distance Direction Nearest Town							
Telephone No. (60) 441 6	$abs{53} = \frac{2}{\text{Miles}} \frac{\omega_{\perp}}{\omega_{\perp}}$	a of Kokomo						
	Well / Borehole Data							
Date drilling started: 7-22- Date dri	lling completed: <u>7-22-0</u> Hole depth: <u>9</u>	Hole diameter: 7						
	•							
Location of the source of any surface water used for drilling: <u>Cruck</u> Method of dosing and volume of Chlorine used in drilling and development: <u>Shork 2//r</u>								
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:								
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump								
rupose of borenoie (check one). water w	en Geolechnical/Geological Investigation	Ground Source Heat Pump						
	SurveyOther ( <i>describe</i> )							
	to water well construction, skip the remainder of							
Purpose of Well (check one): Home $\underline{\checkmark}$ In	ndustrial Public Supply Irrigation Fish C	Culture Other:						
If a flowing well, method of flow regulation	n: Valve Other (describe)							
Static Water Level: <u>45</u> feet ab	ove or below (circle one) land surface Date mea	isured: 7-22-08						
Static Water Level: <u>45</u> feet above or below (circle one) land surface Date measured: <u>7-22.08</u> Method of Measurement (circle one) steel tape electric tape air line other:								
Well depth: Well grouted to a depth of $10$ feet Type of grout (circle one): Neat Cement Bentonite Mix								
Casing length: feet Casing diameter: inches Type of casing: PVC								
	Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>							
	Screen slot size: 668 inches Setting depth: From feet to 96 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								

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

AUG 2 5 2008 BY: OLWR 1

## J-103

The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level.

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

Description of Formations Encountered	From (depth)	To (depth)
Description of Formations Encountered	Ground Level	0
Rem	U U	30
5dD	30	90
		_
		_

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.

Loyd Wholey Landowner Name:

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

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 Ne

laws. JAMES WELLS 0-586 8-21-08 . Date Print Name of Responsible Licensee and License No.

Signature of Licensee

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**BY: OLWR** 

		STATE V	VELL REPORT			
County: $VI$ Arien Permit #: M Driller: $Ien V In$ Date completed: $T - 22 \cdot 08$ Copy information from block on Part 1		Mississippi Departn Office of Lar P. Jack (60	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)		ffice Use Only:	
			ell contractor or a licensed put			
report must be attached and both parts filed with the Department a Well Owner Information			it at the above dadress within .	t the above address within 30 days of well completion		
Owner Name: Loyd WHaley Mailing Address: 141 Hwy 98 W				Latitude: Longitude: Method of Lat/Long (check one): Conventional Survey,		
B	TY/ertoi		_			
		39667	USGS quad, Hand-			
	,	e Zip Code	Distance Directio	on Nearest Te	own	
Telephone No. (	601-441	6623	R_Miles W_A	of KOKC	mo	
Pump Type Circle one			Power Type Circle one			
Air Lift	Jet	Submersible	Diesel Engine Ga	soline Engine	Natural Gas	
Bucket	Piston	Turbine	Electric Motor Ha	und	Tractor PTO	
Centrifugal	Rotary	Flowing Well	Windmill Ot	her (specify):		
Other (specify): _			Horse Power Rating of M	Horse Power Rating of Motor:		
		50	Setting Depth:	_		
Rated Pump Capa	acity:/ 5 <sup>-</sup>	Gallons Per Minute	Number of Stages:			
		· · · · · · · · · · · · · · · · · · ·	Made al a	Manualina Wata	- I aval	
Pump Test Data フェンファムダ		Miethod of	Measuring Water Circle one	Level		
Date Well Tested: 7-22-08 Static Water Level (A): 45 Feet Below Land Surface			Measuring Line	Steel Tape		
Pumping Water L	.evel (B): <u>70</u> Fe	et Below Land Surface	Other (specify):			
Drawdown [(B) -	- (A)]: <u> </u>	eet Below Land Surface	For flowing well, measure	ed shut in head:	feet	
Test Pumping Rate: / J Gallons Per Minute			Well yielded	/S <sup>-</sup> GPM with a	drawdown of	

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

\_hours

Duration of Pump Test (minimum 4 hours): \_

JAMES Welly 0-586 Print Name of Pump Installer and License No. (if applicable)

45 feet after

Ø

Signature of Pump Installer

4\_hours of pumping

Form: OLWR-SWRECEIVED

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