State Well Report					
County: MAIS Wall		riller's Log	For Office Use Only:		
* '		t of Environmental Quality	Aquifer: 134		
Permit #:	Office of Land ar	nd Water Resources	·		
Driller: Javes w. Majon		Box 2309	Well #:		
		, MS 39225 961- 5210	L. S. Elevation:		
Date drilling completed: (2 ~ (0 - 10		- 5228 (fax)			
			E-log #:		
State Law requires that this report Department at the above address					
Information on Well O	<del></del>		rehole Location		
(Landowner if borehole is not fo		34 <6 0x1	en 44 326		
Owner Name Tessie Mill	(	Latitude: 57° 56° ,951" Longitude: 79° 70° ,357"			
, <b>4</b> 0		Latitude: 34 ° 56 ',931" Longitude: 89 ° 40 ',339".  Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: LOT 37/1	verridge estates		_		
2648 deercre	ماد دا	USGS quad, Hand-held	GPS, Survey-grade GPS		
R.1. 1	2011	SE 1/4 SE 1/4 Sec	Twn 25 Rng 5 w		
Byhelie Ms City Stat	e Zip Code	Distance Direction  A Miles 5E	Nearest Town		
Telephone No. (901) 461 - 856		A Miles SE	of BortoN		
	Well / Bore	hole Data			
			/ 3/ .		
Date drilling started: ( \( \frac{10-10}{}{} \)	lling completed: (12-10-11	Hole depth: 90	Hole diameter: 6714		
Location of the source of any surface wate Method of dosing and volume of Chlorine	r used for drilling:  used in drilling and devel	opment: NK			
Logs run (circle all applicable): No log run Name of organization running log(s):	ا Electric Gamma Ray	Density Sonic Neutron	Other:		
Purpose of borehole (check one): Water We	ellGeotechnical/Geolo	ogical Investigation Ground	Source Heat Pump		
Seismic S	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: $\partial \mathcal{E}$ feet ab	ove of below circle one) l	and surface Date measured:	12-10		
Method of Measurement (circle one) steel tape electric tape air line other: string lueis					
Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 80 feet Casing diameter: 4 inches Type of casing: 4					
Screen length: 10 feet Screen diameter: 4 inches Type of screen: psc.					
Screen length: 10 feet Screen diameter: 4 inches Type of screen: psc.  Screen slot size: 310 inches Setting depth: From 80 feet to 90 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					
	10000000000000000000000000000000		Form: OLWR SWR-1A (04/08)		

JAN 1 1 2011

The	sketch	below	only	required	for	water	wells

<b>x</b>			
If well telesco	pes, show de	oths on sketch.	

Ground Level-

Description of formations encountered mass of	$v_{p}$
wells and boreholes, unless specifically exemp	nea
Tetto titte bot bitotop, tittebo op botter	

Description of Formations Encountered	From (depth)	Γo (depth)
Clay dist.	Ground Level	40'
white soud.	40	90'
		f
	<del></del>	
		<del></del>
		<u> </u>

If more than one screen, show location of each on sketch

Sketch the property aid in	layout and included locating the well	ide the following: 1; 3) any roads, po	1) the well location; 2) any per ower lines, or other items that m	manent structures on the nay aid in locating the pr	property that may operty and the well;
	orth arrow.		7		
W		<b>&amp;</b> √18.11	house		E
		deer	creek.		
Landowner Name:	Jessie	Mills.		For	m: 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 RECEIVED

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

JAN 1 1 2011

BY: OLWR

## STATE WELL REPORT

## County: MArshall Permit #: Driller: Janes w. Moson Date completed: 12 - 10 - 10

## 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

For Office Use Only:				
Aquifer:				
Well #:				
Elevation:				

(601)961-5210 (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 Latitude: 34.56.021 Longitude: 89.40.329 Owner Name: Jessi'e Mills Mailing Address: 107 27/ civer ridge estates Method of Lat/Long (check one): Conventional Survey\_\_\_\_, 2648 deercreek rd USGS quad \_\_\_, Hand-held GPS\_\_\_\_, Survey-grade GPS\_\_\_\_ SE 1/4 SE 1/4 Sec / T25 R 5W Nearest Town Direction Distance 2 Miles SE of Borton Telephone No. 801 ) 461- 8564 Power Type Pump Type Circle one Circle one Natural Gas Diesel Engine Gasoline Engine Submersible Air Lift Tractor PTO Hand Electric Motor Turbine Piston Bucket Other (specify): Windmill Flowing Well Centrifugal Rotary Horse Power Rating of Motor: \_\_\_\_\_\_3/4 Other (specify): Date Pump Installed: 12-10-10 Setting Depth: 70 feet Number of Stages: \_\_\_\_\_ Gallons Per Minute Rated Pump Capacity: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 12-10-10 Steel Tape Electric Measuring Line Air Line Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface 1 . . . .

A VICE CON CERTIFY that the chave statements are true to the best of	RECEIVI
Duration of Pump Test (minimum 4 hours):hours	feet after downward hours of pumping
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Pumping Water Level (B):Feet Below Land Surface	
	Other (specify): String role 15 to

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

ED)

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

Signature of Pump Installer

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