0 24	3 State W	ен кероп	Esta Office Hea Only				
County: Marshall	Part 1 - D	riller's Log	For Office Use Only:				
County:	Mississippi Departmen	t of Environmental Quality	Aquifer:				
Permit #:		nd Water Resources	Well #:				
Driller: Larry Corporter		lox 10631					
		IS 39289-0631	L. S. Elevation:				
Date drilling completed: 5-16-05		961-5210					
	(601)354	4-6938 (fax)	E-log #:				
State Law requires that this repo Department at the above addres:	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 Bo	orehole Location				
(Landowner if borehole is not f	for a water well)	21.52.15	" Longitude: 89 • 37 • 68 "				
Charles .	Post	Latitude: 34 5 3 74 1	" Longitude: 8 1 5 7 6 5				
owner Name Charles Rogue		Method of Lat/Long (circle one): Conventional Survey,					
Mailing Address: P. 6. Box	_76	USGS quad, Hand-held GPS, Survey-grade GPS					
Olive Bunch 7	White Real - 34/50		/ Twn 2 5 Rng 4W				
City	Olive Brosch 75 38654 City State Zip Code		Nearest Town				
		3/2 Miles Truth	Nearest Town of Victor				
Telephone No. (901) 626 -	500/						
	Well / Bore	l hole Data					
. و عصر			0 -				
Date drilling started: 5-16.05 Date d							
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: Dal. 13 local Per 1020 Method of Method of Chlorine used in drilling and development:							
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 V	Vell Geotechnical/Geol	ogical Investigation Ground	d Source Heat Pump				
Seismic	Survey Other (describe)					
		n, skip the remainder of this b	ock				
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: 60 feet above or below (circle one) land surface Date measured: 5 /6 0 5							
Method of Measurement (circle one) steel tape electric tape air line other:							
Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix							
Casing length:							
Screen length: // feet Screen diameter: // inches Type of screen:							
Screen slot size:, 0 / 3inches Setting depth: From / / 0feet to / 2 0feet							
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development							
	Othon (describe)						

Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page

State Well Report

Form: OLWR-SWR-1A

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)
	Ground Level	
Sufore Sol	U	18
Sufore Sal ned. Red Sand.	18	33
ned White Soul	35	61
while day	60	76
White Course Soul	70	120
	<u> </u>	<u> </u>

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

Ske	tch 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;
1	4) a north arrow.
K	lopety
	House horth
	July July 1
	Capa Rl.
Lan	downer Name: Charles Pogue

Form: OLWR-SWR-1A

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

laws.

LARRY CHRY ENTER 0-162 5-16.05

Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:			
Aquifer:			
Well #: <u>E-123</u>			
Elevation:			

Driller: Long Carpella Date completed: 5-16-05	P.O. I Jackson, M (601)	30x 10631 1S 39289-0631 961-5210 4-6938 (fax)	Well #: E-/23 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 a		t the above address within 30 days of well completion.			
Well Owner Information		Well Location			
Owner Name: Charles Poque		Latitude:	Longitude:		
Mailing Address: P.O. Boy Z 9 6		Method of Lat/Long (check one): Conventional Survey,			
		USGS quad, Hand-hel	d GPS, Survey-grade GPS		
Oline Branch 250. 38654 City State Zip Code					
		Distance Direction Nearest Town			
Telephone No. (90/) 626 - 5	5007	3/2 Miles Troub	of Victoria		
D			Daman Tuna		
Pump Type Circle one		Power Type Circle one			
Air Lift Jet 🤇	Submersible	Diesel Engine Gasol	line Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	I Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other	r (specify):		
Other (specify):		Windmill Other (specify): Horse Power Rating of Motor:			
Date Pump Installed: 5-16-0 5		Setting Depth:			
Rated Pump Capacity:		Number of Stages:	<i>i</i> /		
Pump Test Data		T 20 20 20 20 20 20 20 20 20 20 20 20 20			
Date Well Tested: 5-/6-	05		leasuring Water Level Circle one		
j .		Air Line Electric Me	easuring Line Steel Tape		
Static Water Level (A): 6 Peet Below Land Surface		Other (specify):			
Pumping Water Level (B): 6 5 Feet Below Land Surface		·			
Drawdown [(B) – (A)]:Feet Below Land Surface			shut in head:feet		
Test Pumping Rate: Gallons Per Minute		Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge
LARRY CARPENTER O-162	Lang Conserter
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-18