County: MITR SHAII Part 1 - I	Oriller's Log			
Mississippi Departmen	t of Environmental Quality	Aquifer:		
	and Water Resources	Well #: <u>E-227</u>		
Driller JE KANG FOR L P.O. E	Box 10631	L. S. Elevation:		
	AS 39289-0631 961-5210	L. S. Elevation:		
	4-6938 (fax)	E-log #:		
(001)35	4-0938 (lax)			
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 borenote.				
Information on Well Owner	Well or Borenole Location			
(Landowner if borehole is not for a water well)	Latitude: 34 ° 55 5 j " Longitude: 89 ° 35 , 23 "			
Owner Name IVAN NA-115				
	Method of Lat/Long (circle one): Conventional Survey			
Mailing Address: 32/ JAM, 4R	USGS quad, Hand-held GPS, Survey-grade GPS			
	NW 4 NE 4 Sec // Twn 25 Rng 4W			
City State Zip Code	Distance Direction	Nearest Town		
City State Zip Code	Distance Direction  Miles	of Victority		
Telephone No. ()				
	1.1.0.4			
Well / Bore		, • • •		
Date drilling started: 1/2/2 Date drilling completed: 1/5-08 Hole depth: 160 Hole diameter: 6 24				
Leasting of the course of any surface water used for drilling.				
Method of dosing and volume 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 Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe)				
If drilling is not related to water well constructi	ion, skip the remainder of this b	lock		
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:				
Method of Measurement (circle one) steel tape electric tape air line other.				
Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Rentonite Mix				
Casing length: 20 feet Casing diameter. 4 inches Type of casing: 171/2				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: 5/0 7e 1/20/C				
Screen slot size: 16/5 inches Setting depth: From	150 feet to _/	60feet		
		n hole Natural Development		

Other (describe): \_\_

**State Well Report** 

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

Form: OLWR-SWR-1A

RECEIVED NOV 1 4 2008

BY: OLWR

The sketch below only required for water wells	Description of formations encountered	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations			
If well telegrapes about denths on shotah	wells and borenoles, unless specifically	exempled by reg	uutons		
If well telescopes, show depths on sketch.  Ground Level	Description of Formations Encountered	From (depth)	To (depth)		
Ground Level	- Description of Formations Executive eq	Ground Level	To (deput)		
	DIAT	B	20		
The second of th	A ISMAL	20	40		
	geme clas	510	50		
	Mix/spad/ciny	50	100		
	and and cur	100	160		
	J. Fred				
		<u> </u>			
		\$	ļ		
			-		
10 1 1 1 1 1 1 1					
If more than one screen, show location of each on	n sketch				
Nestab the manager leavest and include the fallening.	1) the well location; 2) any permanent structures on the	manager that man			
sketch the property layout and include the following:	wer lines, or other items that may aid in locating the pro	property that may	1.		
4) a north arrow.	wer mies, or other nems that may aid in locating the pro	perty and the wer	,		
4) a norm arow.		1			
		1			
		1			
		(CA)	ice RE		
~		1 '	ice R b		
/ m N		- 1			
(mr)					

Landowner Name: TUNN NH:15 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.

FRANKLANGER O CEL 11-7-08 Frank Fangling

Bate Signature of Licensee RECEIVED

NOV 1 4 2008

BY: OLWR

## STATE WELL REPORT Part 2 County: MARShA! For Office Use Only: **Pump Installer's Completion Report** Permit #: \_\_\_\_ Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources Driller: Blong for L P.O. Box 10631 Date completed: 11-5-08 Jackson, MS 39289-0631 Well #: (601)961-5210 Elevation: (601)354-6938 (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 Owner Information Well Location** Owner Name: TVAN NAIS Latitude: Longitude: Mailing Address: 321 Themist on Method of Lat/Long (check one): Conventional Survey\_ USGS quad\_\_\_\_\_, Hand-held GPS\_\_\_\_, Survey-grade GPS\_ City State 1/4 \_\_\_\_\_ 1/4 Sec\_ // T 25 R WW Nearest Town Direction Distance 7 Miles N of VIETCAIN Telephone No. (\_\_\_\_)\_\_\_\_ **Power Type Pump Type** Circle one Circle one Air Lift Natural Gas Submersible Diesel Engine Gasoline Engine Jet Electric Motor Hand Tractor PTO Bucket Piston Turbine Other (specify): \_ Centrifugal Rotary Flowing Well Windmill Horse Power Rating of Motor: Other (specify): \_\_ Date Pump Installed: 11-5-04 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute Number of Stages: \_\_\_ Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 11-5-08 Air Line Electric Measuring Line Steel Tape Static Water Level (A): \_\_\_\_\_Feet Below Land Surface Other (specify): Pumping Water Level (B): \_\_\_\_Feet Below Land Surface Drawdown [(B) - (A)]: \_\_\_\_\_\_Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_ Test Pumping Rate: \_\_\_\_\_\_\_ /5 \_\_\_\_\_ Gallons Per Minute Well yielded 15 GPM with a drawdown of feet after 4 hours of pumping Duration of Pump Test (minimum 4 hours): \_\_\_\_\_\_\_ hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Frank James and Signature of Pump Installer

FANK LINGTOND O-682
Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SWR-1B