State V	Vell Report			
County: Part 1 - Driller's Log		For Office Use Only:		
i Mississinni i Jenarime	Mississippi Department of Environmental Quality			
Permit #: 0-/62 Office of Land	and Water Resources	Aquifer:		
	Box 10631	Well #:F   49		
Jackson,	MS 39289-0631	L. S. Elevation:		
Date drilling completed: 6-25-69 (60)	1)961-5210			
	54-6938 (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 Bo	rebole Location		
(Landowner if borehole is not for a water well)	1	co . ad		
Owner Name Ine Jalley		Longitude: 89 38 38		
Mailing Address: 475 lson Chapel 19 Method of Lat/Long (circle or				
	USGS quad, Hand-held	GPS, Survey-grade GPS		
Hely Jange Tree 38635 City State Zip Code Distance Direction		_ Twn Z S Rng_ 3 W		
City State Zip Code	Distance Direction  4/2 Miles South of	Nearest Town		
Telephone No. (6/2) 252 _ 2378	4/2 Miles Jest 0	M. Pleaset		
Well / Bor	ehole Data			
	o /- :	0 4		
Date drilling started: 6-25-07 Date drilling completed: 6-25	Hole depth: 13 0	Hole diameter:		
Location of the source of any surface water used for drilling:    Well Water   Method of dosing and volume of Chlorine used in drilling and development: 12 Pl. Chlorine La 1600 Island Water   Method of dosing and volume of Chlorine used in drilling and development: 12 Pl. Chlorine La 1600 Island Water   Method of dosing and volume of Chlorine used in drilling and development: 12 Pl. Chlorine La 1600 Island Water   Method of dosing and volume of Chlorine used in drilling and development: 12 Pl. Chlorine La 1600 Island Water   Method of dosing and volume of Chlorine used in drilling and development: 12 Pl. Chlorine Used Water   Method of dosing and volume of Chlorine used in drilling and development: 12 Pl. Chlorine used in drilling and development: 15 Pl. Chlorine used in drilling and d				
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)				
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: 125 feet above or below (circle one) land surface Date measured: 6-25-08				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: / 50 ' Well grouted to a depth of / 0 feet Type of grout (circle one) Neat Cement Bentonite Mix				
Casing length: /40 feet Casing diameter: 4 inches Type of casing:				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC				
Screen slot size: .0/3 inches Setting depth: From /40 feet to /50 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: \_

FOR LOWERVED

feet. If telescoped or more than one screen, describe on next page

JUL 23 2009

BY: OLWR

The sketch	helmo	only	required	for	water	wells
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If well telescopes, show depths on sketch.

WELL TELESCOPES, SHOW LECTURE OF SE	Z
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	
Super Soil	0	18
net. Rel. Sarl		
Mr. Max. Sart	18	4-5-
Jul. White Sand	45	78
White Clay	78	90
White Fire Sort	90	120
White Care Sond	120	150
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		<del> </del>
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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 pro	perty and the well;
4) a north arrow.	
Hwy 311	
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himmy hoperty	
House	
Landowner Name: Joe Jolley	
Landowner Name:	
	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

LARY CARPENTER 5-162 7-1-09
Print Name of Responsible Licensee and License No. Date

BY: OLWR

## STATE WELL REPORT Part 2 For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Well #: \_\_ F149 Jackson, MS 39289-0631 Date completed: 6. 2569 (601)961-5210 (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 Owner Name: Jae Jalley Latitude: 34° 52′ 54″ Longitude: 89° 29′ 24 Mailing Address: 475 learn Chapel NS Method of Lat/Long (check one): Conventional Survey\_\_\_ USGS quad , Hand-held GPS , Survey-grade GPS \_\_\_\_\_ 1/4 Sec 26 T Z 5 R 3 W Direction Distance Nearest Town 41/2 Miles South of Ist. Pleasant Telephone No. (62) 252\_2378 Pump Type **Power Type** Circle one Circle one Gasoline Engine **Natural Gas** Air Lift Jet Submersible Diesel Engine Piston **Turbine** Electric Motor Hand Tractor PTO Bucket Windmill Other (specify): Centrifugal Rotary Flowing Well Other (specify); Date Pump Installed: 6-25-09 Setting Depth: /45 feet Number of Stages: // Rated Pump Capacity: / 2 Gallons Per Minute Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 6 2 5 0 9 Steel Tape Air Line Electric Measuring Line Static Water Level (A): 125 Feet Below Land Surface Other (specify): Pumping Water Level (B): / 3 Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_feet Test Pumping Rate: \_\_\_\_/ 5 Gallons Per Minute Well yielded / 5 GPM with a drawdown of feet after 4 hours of pumping Duration of Pump Test (minimum 4 hours): \_\_\_\_\_\_hours RECEIVED

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

LARRY CARPENTER 6-162

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

Signature of Pump Installer

Part (a label to be 1