	State Well Report				
County: Part 1 - 1	Part 1 - Driller's Log				
Mississippi Departmen	nt of Environmental Quality	Aquifer:			
Permit #: 6-/62 Mississippi Department Office of Land	and Water Resources	Well #: H - 209			
Dillow of all (will be	P.O. Box 10631				
Juonison, 1	Juditoon, 1:10 0 > 20 > 0 0 -				
Date drilling completed: 33233 (601)35	54-6938 (fax)	E-log #:			
	, ,				
State Law requires that this report be prepared by the li Department at the above address within 30 days of com	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	wner Well or Borehole Location				
(Landowner if borehole is not for a water well)	Latituda: 34.49,31	" Longitude: $89.40,37$ "			
Owner Name Fast Const. Co.	Latitude: 5-1 Longin				
Mailing Address: 802 Jalan one	Method of Lat/Long (circle one): Co				
Maing Audress.	USGS quad, Hand-held GPS, Survey-grade GPS				
74/1/2 Same 7-2 38/39	SW4 NE 4 Sec / 3				
Telly Springs 722. 38139 City State Zip Code Distance Direction Nearest Town		Nearest Town			
	1/2 Miles South	Nearest Town of Cyfales			
Telephone No. (662) 252 - 2083					
Well / Borehole Data					
Date drilling started: 5. 26.05 Date drilling completed: 5. 66	- S Hole denth: 1.35	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: 2 Gal Bleach Par 1000 Gal Builley table					
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/Geo	ological Investigation Ground	Source Heat Pump			
Seismic SurveyOther (describe)					
If drilling is not related to water well constructi	on, skip the remainder of this bl	ock			
Purpose of Well (check one): Home X Industrial Public Suppl	y Irrigation Fish Culture	Other:			
If a flowing well, method of flow regulation: Valve	Other (describe)				
Static Water Level: 70 feet above on below (circle one) land surface Date measured: 5-26-05					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 135 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix					
Casing length: 125 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 /25 feet to /35 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

State Well Report

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	
Surface Sail	0	20
1		
med Red Soul	20	28
ned White Said	28	35
White Clay	35	42
While Fredank	42	90
white Course Said	90	/ 35
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If more than one screen, show location of each on sketch

aid in locating the well; 3) any and 4) a north arrow.	illowing: 1) the well location; 2) any permanent structures on the property that may roads, power lines, or other items that may aid in locating the property and the well;
Bylalia 1	W.
	W W W W W W W W W W W W W W W W W W W
	Jours port
Ü	Sile Re.
_	- Topata
Landowner Name: Fant. Core	1. Co. Kuell

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

LARRY CARPENTER 5-26-05 Larry Carpenter

Print Name of Responsible Licensee and License No.

STATE WELL REPORT Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210

For Office Use Only:		
Aquifer:		
Well #: #- 209		
Elevation:		

Date completed: (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 Location Well Owner Information Latitude: Longitude: Mailing Address: 802 Method of Lat/Long (check one): Conventional Survey____, USGS quad_____, Hand-held GPS____, Survey-grade GPS____ Direction Nearest Town Distance Telephone No. (464) 252 2 183 1/2 Miles South of Bylat Pump Type **Power Type** Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: _ Other (specify): __ Date Pump Installed: 5- 26.0 5 Setting Depth: / 0 0 feet Number of Stages: ___// Pump Test Data Method of Measuring Water Level Circle one 5- 26-05 Date Well Tested: ____ Air Line **Electric Measuring Line** Steel Tape Static Water Level (A): 7 Peet Below Land Surface Other (specify): _ Pumping Water Level (B): 76 Feet Below Land Surface Drawdown [(B) – (A)]: _____ Feet Below Land Surface For flowing well, measured shut in head: ______ feet Test Pumping Rate: / Gallons Per Minute Well vielded ______ GPM 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 knowlests.
LAARY CARPENTER 6-162	Lam Conserter
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B