7 20	1 State W	'ell Report			
County: Mashall	Part 1 – Driller's Log		For Office Use Only:		
_	Mississippi Department of Environmental Quality		Aquifer:		
Permit #: 0 - 16 2		nd Water Resources	Well #: J- 205		
Driller: Larry Cayporte	P.O. F	Box 10631	Well #:		
	Jackson, M	IS 39289-0631	L. S. Elevation:		
Date drilling completed: 6-8-05	(601)	961-5210			
	(601)35	4-6938 (fax)	E-log #:		
State Law requires that this repo Department at the above address	s within 30 days of comp	letion of drilling of the well	the work and filed with the or borehole. rehole Location		
Information on Well ( (Landowner if borehole is not f		Wen or be	Temie Location		
1		Latitude: ° '	" Longitude:"		
Owner Name anderson Que	lity Hones				
Mailing Address: P 6. Box		Method of Lat/Long (circle or	ne): Conventional Survey,		
Vialing Additss.		USGS quad, Hand-held	GPS, Survey-grade GPS		
O Pala 200	38661	¼¼ Sec_//	7 Twn 35 Rng 4 W		
Rod Barlos 255 City Sta	ate Zip Code	Distance Direction	Nearest Town		
Telephone No. (62) 252	3877	7/2 Miles 5/19	01		
	Well / Bore	i hole Data			
Date drilling started: 6-4-05 Date d	rilling completed: 6-8-0	Hole depth: //2	Hole diameter: S.		
		idell Water			
Location of the source of any surface wat Method of dosing and volume of Chlorin	ter used for drilling: the used in drilling and devel	opment: Z.Gol. Block	- 100: Gol Bully Water		
Logs run (circle all applicable): No log run Name of organization running log(s):			•		
Purpose of borehole (check one): Water V	Vell X Geotechnical/Geol	ogical Investigation Ground	l Source Heat Pump_RECEIVE		
Seismic	Survey Other (describe	)	Hata		
If drilling is not relate	d to water well construction	n, skip the remainder of this bl	ock JUN 1 2005		
			Other:BY: OLW		
Purpose of Well (check one): Home	Industrial Public Supply	Irrigation Fish Culture	Other:		
If a flowing well, method of flow regulati			1 0 0 5		
Static Water Level: 60 feet a	bove of below (circle one)	land surface Date measured:	6-8-03		
Method of Measurement (circle one)					
Well depth: /// Well grouted to a d					
Casing length: 102 feet Cas	ing diameter:	inches Type of casing:	PVC		
Screen length: / O feet Scr	een diameter:	inches Type of screen:	FUC		
Screen slot size: . 0/3 inches Setting depth: From / 0 2 feet to // 2 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** 

Form: OLWR-SWR-1A

## The sketch below only required for water wells

Í,	well	telesco	opes,	snow	aepins	<u>on</u>	sketch
_	Gr	ound I	evel.		_		

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 Soil	0	18
0.000		
Tred Ked Sand	18	40
		•
Juse While Soul	40	55
White Clay	55	60
0		<u> </u>
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If more than one screen, show location of each on sketch

		y permanent structures on the property that r hat may aid in locating the property and the	
4) a north arrow.			1
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$\Lambda / L$	10 11 21	•	
Landowner Name: Anderson	Xwary Mos	<del>212</del> .	
	,		
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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.

LANNY CANPENTER U-1/2 6-10-05 Long Coyperter

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

4 . 2	STATE WELI	REPORT			
County: Mashalf	Part Pump Installer's Con	2 npletion Report	1	lice Use Only:	
Permit #: Miss	Mississippi Department of Environmental Quality				
Driller: Larry Carperte	Office of Land and V P.O. Box 1			• 0 • -	
0/1/20-	Jackson, MS 39		Well #:	205	
Date completed:	(601)961-	5210	Elevation:		
Copy information from block on Part 1	(601)354-69	38 (fax)	Elevation:		
This part of the report must be completed by a lic	ensed water well contr	actor or a licensed	pump installer. A cop	y of Part 1 of the	
report must be attached and both parts filed with	the Department at the	above address with	hin 30 days of well com	pletion.	
Well Owner Information			Well Location		
Owner Name: Oslerson Gladity	2/200	tituda.	Longitude:		
	j.	Latitude:Longitude:			
Mailing Address: P.D. Bay 33			check one): Convention	ľ	
		GGS quad, Ha	and-held GPS, Surv	ey-grade GPS	
Red Barbar 2002. 3 City State	8(11				
City State	Zip Code	stance Dire	ection Nearest To	own	
70-					
Telephone No. (12) Z52 _ 387	<u> </u>	Miles 3	W of Victor		
Pump Type			Power Type Circle one		
Circle one			Circle one		
Air Lift Jet Subm	<u>ersible</u> Di	esel Engine	Gasoline Engine	Natural Gas	
Bucket Piston Turbi	ne Ele	ectric Motor	Hand	Tractor PTO	
Centrifugal Rotary Flow	ing Well W	ndmill	Other (specify):	D. Proceedings	
Other (specify):	Но	rse Power Rating	of Motor:3/4		
Date Pump Installed: 6-16-05	Se	tting Depth:	80	_feet JUN 17	
Rated Pump Capacity: / Z Gallor	l l		11		
Pump Test Data		Metho	d of Measuring Water	r Level	
Date Well Tested: 6-10-05	-		Circle one	1	
_	ΙΔi	r Line Elec	tric Measuring Line	Steel Tape	
Static Water Level (A): 6 Feet Below	Land Surface				
Pumping Water Level (B): 65 Feet Below		ner (specity):			
Drawdown [(B) - (A)]:Feet Below	Land Surface Fo	r flowing well, me	asured shut in head:	feet	
Test Pumping Rate:	ıs Per Minute W	ell yielded	6 GPM with a	drawdown of	
Duration of Pump Test (minimum 4 hours):	hours	fee	et after <u>4</u>	hours of pumping	
I HEREBY CERTIFY that the above statements as	re true to the hest of m	knowledge			
			P 7	_	
LARRY CARPENTER C	)-/62	Jany	coper	<u> </u>	
Print Name of Pump Installer and License No. (if	applicable)	Signature of	Pump Installer	orm: OI WR-SWR-1B	

Form: OLWR-SWR-1B