County: Mers Vall
Permit #:
Driller: Janes w. Mason
Date drilling completed: 9-4-07

State Well Report

Part 1 – **Driller's Log**Mississippi Department of Environmental Quality

Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:	
Aquifer:	
Well #: J-256	
L. S. Elevation:	
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 Borehole Location			
(Landowner if borehole is not for a water well)	3 Ll . Llo . 982			
Owner Name Kenny Ounlap	Latitude: 34 · 49 · 983 " Longitude: 89 · 34 · 374 " Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: 264 church 1d				
	USGS quad Hand-held GPS, Survey-grade GPS Sw 45 4 Sec 12 Twn 35 Rng 4w			
Pad B- 1- 045 30(C)	50 45E 4 Sec (2 Twn 35 Rng 40			
Red Books NIS 38661 City State Zip Code	Distance Direction Nearest Town			
Telephone No. (9%) 490 - 3066	Distance Direction Nearest Town 112 Miles of Cd Books			
Telephone No. (1867) - 46 (0 - 30 66				
Well / Bore	hole Data			
Date drilling started: 9-4-97 Date drilling completed: 9-4-9	50 H. L. 155' H. H. L. 1-31/			
Date drilling started: 1-4-01 Date drilling completed: 4-4-1	Hole depth: (33) Hole diameter: 6214			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel	A-			
Method of dosing and volume of Chlorine used in drilling and devel	opment:			
Logs run (circle all applicable). No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:			
Purpose of borehole (check one): Water Well C Geotechnical/Geole	ogical Investigation Ground Source Heat Burn			
raipose of borelione (effects offe). Water Weit 2 Geolectifical/Geole	ogical investigation Ground source rieal rump			
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): HomeIndustrial Public Supply	Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve O	ther (describe)			
Static Water Level: 130 feet above of below (circle one) I	and surface Date measured: 9-5-07			
Method of Measurement (circle one) steel tape electric tape	air line other: String (meight,			
Well depth: 155 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 145 feet Casing diameter: 4 inches Type of casing: put				
Screen length: 10 feet Screen diameter:				
Screen slot size: O(O) inches Setting depth: From / 45 feet to / 55 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):	4			
Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page				

Form: OLWR-SWR-1A

The	sketch	below	only	required	for	water	wells

If well telescopes, show depths on sketch. Ground Level

f wall talacconas	show donths on skatch	

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	Γο (depth)
clay dist.	Ground Level	15
red soud	15	35
unite soud.	35	175
	1	1

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 peri aid in locating the well; 3) any roads, power lines, or other items that m	
4) a north arrow.	
\sim	
house de la company	E
Landowner Name: tenny Dulap.	
	E 0111/D 014/D 4

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

Print Name of Responsible Licensee and License N	lo. Date	Signature of Licensee	
Jores W. Mason 0-620	10-3-07	Jans w. Man	

STATE WELL REPORT

County: Marshall Permit #:

Part 2

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

For Office Use Only:					
Aquifer:					
Well #: J-256					
Elevation:					

Driller: Dove 3 03-	NJERN	1	Box 10631	Well #: J-256	
Date completed: 9-5-	<i>6</i> 7	•	MS 39289-0631	Well #: 2 - 2 5 6	
Copy information from bl)961-5210 54-6938 (fax)	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 at the above address within 30 days of well completion.					
	l Owner Informa			Location	
Owner Name: KENT	y Dunlo	ρ	Latitude: 34-49-983	Longitude: <u>89.34.374</u>	
Mailing Address: 200	4 church	- rd.	Method of Lat/Long (check on	e): Conventional Survey,	
			USGS quad, Hand-held	GPS, Survey-grade GPS	
Red	Books M State	s 38661	Sw 1/ SE 1/ Sec (6		
City	State	Zip Code	Distance Direction	Nearest Town	
Telephone No. (901)_	490-30	66	1/2 Miles U of	red Bouts	
	D T			7	
	Pump Type Circle one	_		ver Type rcle one	
Air Lift	Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas	
Bucket	Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal	Rotary	Flowing Well	Windmill Other (specify):	
Other (specify):			Horse Power Rating of Motor: 314		
Date Pump Installed:	9-5-07		Setting Depth:feet		
Rated Pump Capacity: _	12	_Gallons Per Minute	Number of Stages:		
	Pump Test Data		Method of Me	asuring Water Level	
Date Well Tested:	-			rcle one	
Static Water Level (A):			Air Line Electric Mea	suring Line Steel Tape	
			Other (specify): String	I weight.	
Pumping Water Level (I					
Drawdown [(B) – (A)]:		t Below Land Surface	For flowing well, measured sh	ut in head:feet	
Test Pumping Rate:	(2	_Gallons Per Minute	Well yielded (2	_GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours	: 24 hours	feet after	hours of pumping	
I HEREBY CERTIFY to	nat the above state	ments are true to the best	of my knowledge.		
Joses W.M	وړوب ر	~63°C	Jens u. M		

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

Form: OLWR-SWR-1B