County: Mc. 15 holl
Permit #:
Driller: Jones W. Meson
Date drilling completed: 1-15-08

Information on Well Owner

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 #: <u> </u>
L. S. Elevation:
E-log #:

Well or Borehole Location

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.

(Landowner if borehole is not for a water well)	Latitude: 34 . 49 . 335" Longitude: 87 39 . 855"
Owner Name Eddie Worden	19 31
Mailing Address: 319 dockey	Method of Lat/Long (circle one): Conventional Survey,
<u> </u>	USGS quad, Hand-held GPS Survey-grade GPS
Byrolia MS 38611	SE 18 V Twn 35 Rng 4w
City State Zip Code	Distance Direction Nearest Town 114 Miles SE of worsow
Telephone No. (662) 838- 4947	VIT WINES SE OI OSSISOO
Well / Borel	hole Data
Date drilling started: 1-15-08 Date drilling completed: 1-15-0	Hole depth: 140' Hole diameter: 63/4
Location of the source of any surface water used for drilling:	opment:
Logs run (circle all applicable): log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:
Purpose of borehole (check one): Water WellGeotechnical/Geolo	ogical Investigation Ground Source Heat Pump
Seismic Survey Other (describe) If drilling is not related to water well construction)n, skip the remainder of this block
Purpose of Well (check one): Home Industrial Public Supply	Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve On	ther (describe)
Static Water Level:feet above or below circle one) la	and surface Date measured: 1-16-0 \$
Method of Measurement (circle one) steel tape electric tape	air line other: String weight
Well depth: 140 Well grouted to a depth of 0 feet Type	of grout (circle one): Neat Cement Bentonite Mix
Casing length: (35) feet Casing diameter:	inches Type of casing:
Screen length: 10 feet Screen diameter: 4	inches Type of screen:
Screen slot size: CIO inches Setting depth: From	130 feet to 140 feet
Type of completion (circle all applicable). Gravel packed Under	reamed Telescoped Open hole Natural Development
Other (describe):	w 4
Top of lap pipe or reduction in casing:feet. If tele	escoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

The	sketch	helow	only	required	for	water	wells

If we	ll telescop	es show	denths	on	sketch
11 116	ii icicocop	C3, 311011	ucpins	<u> </u>	JACTOR.

If well telescopes,	show	depths	on	sketch.
Ground Level.		7		

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)
cley dict.	Ground Level	15
189 /000	15	20
white soud	ે ડ	(40
1		
	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 permanent structuaid in locating the well; 3) any roads, power lines, or other items that may aid in locat 4) a north arrow.	res on the property that may ing the property and the well;
Kerrik Kerrik	5
المُقْس ﴿ }	
Landowner Name: Eddie Worden	

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

Janes W. Mason 0-620 2-11-08 Print Name of Responsible Licensee and License No.

STATE WELL REPORT			
County: Marskall	Part 2		
P	ump Installer's Completion Report For Office Use Only:		
	ippi Department of Environmental Quality Aquifer:		
Driller: Jones W. Mason	Office of Land and Water Resources P.O. Box 10631 Jackson MS 39289-0631 Well #: J-282		
Date completed: 1-16-08	Jackson, MS 39289-0631 Well #:		
Date completed 18 08	(601)961-5210 (601)354 6038 (fby) Elevation:		
Copy information from block on Part 1	(601)354-6938 (fax)		
This part of the report must be completed by a licenterport must be attached and both parts filed with the	sed water well contractor or a licensed pump installer. A copy of Part 1 of the e Department at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: Eddie Worden	Latitude: 34,49, 335 Longitude: 89,39,855		
Mailing Address: 319 dockey	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Byholic Ms 38 City State Zin	1611 SE 1/4 NW 1/4 Sec 18 T 35 R 4W		
City State Zip	Distance Direction Nearest Town		
Telephone No. (662) 838-4947	114 Miles SE of Worsow		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submers	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing	Well Windmill Other (specify):		
Other (specify):			
Date Pump Installed: 1 - 16 - 08	Setting Depth:feet		
Rated Pump Capacity: Gallons P	Per Minute Number of Stages: 8		
Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 1 - (6 - 08			
Static Water Level (A): 65 Feet Below La	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): Feet Below Lan	Other (specify): String I weight		
Drawdown [(B) – (A)]:Feet Below La	nd Surface For flowing well, measured shut in head:feet		
Test Pumping Rate:			
Duration of Pump Test (minimum 4 hours): At hours feet after At hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
Print Name of Pump Installer and License No. (if app	Joseph W. Man		
Print Name of Pump Installer and License No. (if ann	ucable) / Nignature of Pump Installer		

Form: OLWR-SWR-1B