County: Marshall
Permit #:
Driller: Janes Ly Moson
Date drilling completed: 5-7-08

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 #:	
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.

Department at the above dadress within 30 days of comp	tenon of arming of the wen or borenoie.		
Information on Well Owner	Well or Borehole Location		
(Landowner if borehole is not for a water well)	10 10 WO - 101		
	Latitude: 34 ° 49 , 194, Longitude: 89 ° 37, 454		
Owner Name Oox Loosier	1/ 27		
Mailing Address: LOT 14	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
timber ridge	565 1/4 NE 1/4 Sec 27 Twn 35 Rng 4w		
Byholia M3 38611 City State Zip Code			
City State Zin Code	Distance Direction Nearest Town		
State Zip code	3'14 Miles Sw of victoria		
Telephone No. (901) 299-5280	or o		
relephone inc. (1917) Series Source			
Well / Bore	hole Data		
r 2 - 2			
Date drilling started: $\frac{5-7-08}{}$ Date drilling completed: $\frac{5-7-0}{}$	Hole depth: (70 Hole diameter: 63/4		
Location of the source of any surface water used for drilling:	A.A.		
Method of dosing and volume of Chlorine used in drilling and develo			
and development of the state of	pineitti		
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_Geotechnical/Geolo	ogical Investigation Ground Source Heat Pump		
Seismic Survey Other (describe) If drilling is not related to water well construction			
Purpose of Well (check one): HomeIndustrial Public Supply	Irrigation Fish Culture Other:		
If a flowing well, method of flow regulation: Valve Or	ther (describe)		
Static Water Level:feet above of below (circle one) land surface Date measured:			
Method of Measurement (circle one) steel tape electric tape air line other: String (weight			
Well depth: 170 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 160 feet Casing diameter:inches Type of casing:			
Screen length:			
Screen slot size:inches Setting depth: From feet tofeet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):	A		
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page			

Form: OLWR-SWR-1A

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The sketch	below o	nlv reaui	red for	water	wells

If well telescopes, show depths on sketch. Ground LevelDescription of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	lo (depth)
clay dist	Ground Level	5
red land	5	٦,
white Soud	30	70
white clay	70	90
Blue clay	30	95
Ruck	95	9)
Blue clay	97	110
Rock	110	111
white sound	((76

If more than one screen, show location of each on sketch

Sketch the property layout and aid in locating the 4) a north arrow.	include the following: 1) the well location; 2) and well; 3) any roads, power lines, or other items to	y permanent structures on hat may aid in locating the	the property that may e property and the well;
		5	
3	house		ح
I) Sec.	Low built	Ņ	
Landowner Name:	(00:50.	_	Factor OLIME SIME

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 Licens	see and License No.	Date
Joses w Major	0-620	6-5-68

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BY: OLWR

STATE WELL REPORT

Permit #: Driller: Doves w. Mason Date completed: 5-19-08 Copy information from block on Part 1

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 #:	J. 285		

Date completed: 5-19-08	Jackson, MS 39289-0631 Well #:			
Copy information from block on Part 1	(601)354-6938 (fax) Elevation:		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.				
Well Owner Informat			Location	
Owner Name: Dons Locsies		Latitude: <u>34, 49, 194</u>	Longitude: <u>W689° 37′ 45</u> 4	
Mailing Address: COT 14		Method of Lat/Long (check one	,	
timber ridge		USGS quad, Hand-held (GPS_\(\bullet\), Survey-grade GPS	
Byhalic Mr City State	3861 Zip Code	5w 1/NE 1/1 Sec 21 T3s R 4w		
0. 200 000		Distance Direction		
Telephone No. (Roi) 299-5280)	314 Miles 5w of	VICTORIA	
Pump Type Circle one			ver Type role 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 (s	pecify):	
Other (specify):		Horse Power Rating of Motor:	3/4	
Date Pump Installed: 5-19-06		Setting Depth:	feet	
Rated Pump Capacity: Gallons Per Minute Number of Stages: &				
Pump Test Data		Method of Mea	suring Water Level	
Date Well Tested: 5-19-00		Cir	cle one	
Static Water Level (A): Feet	Below Land Surface	Air Line Electric Meas		
Pumping Water Level (B): Feet Below Land Surface Other (specify): String (weight			(weight	
Drawdown [(B) – (A)]:Feet	Below Land Surface	For flowing well, measured shu	nt in head: NF feet	
Test Pumping Rate:	Well yielded()	GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping			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 N	0-620	Jones W. N	lon	
Print Name of Pump Installer and License N	o. (if applicable)	Signature of Pump Inst	taller	

Form: OLWRECE VED

JUN 1 3 2008

BY: OLWR