	1 State w	en Keport	E Office Hee Only	
County: Marshall	Part 1 – Driller's Log		For Office Use Only:	
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:	
Driller: Janes W. Mason	P.O. Box 2309		Well #: <u> </u>	
		, MS 39225 961- 5210	L. S. Elevation:	
Date drilling completed: 5-26-09		I- 5228 (fax)	E-log #:	
State Law requires that this repo	ı rt be prepared by the lice	ense holder responsible for		
Department at the above address	s within 30 days of comp	letion of drilling of the well	or borehole.	
Information on Well ((Landowner if borehole is not f			orehole Location	
	·	Latitude: 34 . 50, 14	4, Longitude: $69^{\circ}34^{\circ}$	
Owner Name Kenny Dur Mailing Address: 5'44 Chur	2104	Method of Lat/Long (circle or	Longitude: 89 ° 34, 873, 52 " ne): Conventional Survey,	
Mailing Address: 544 Churs	ch rd		GPS, Survey-grade GPS	
		, /		
Red Books A	ns 38/0/0/	Nw 1/4 Sec_ 10	Twn 35 Rng 4W	
Red Books r City Sta	ite Zip Code	Distance Direction		
Telephone No. (901) 490-306	06	3/4 Miles NW	of red banks	
Telephone Ivo.				
	Well / Bore			
Date drilling started: 5-36-09 Date dr	rilling completed: 5-36-	Hole depth: 170'	Hole diameter: 6314	
Location of the source of any surface water	er used for drilling:	+		
Method of dosing and volume of Chlorin	e used in drilling and devel	opment:	RECEIVE	
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): JUN 2 4 2009				
Purpose of borehole (check one): Water W	ell Geotechnical/Geolo	ogical Investigation Ground	Source Heat Pump	
Seismic	Survey Other (describe)		DI. OLVVI	
If drilling is not related	to water well construction	n, skip the remainder of this blo	ock	
Purpose of Well (check one): HomeI	ndustrial Public Supply	Irrigation Fish Culture	Other:	
If a flowing well, method of flow regulation	on: ValveO	ther (describe)		
Static Water Level:feet ab	pove of below (circle one) la	and surface Date measured:_	5-28-09	
Method of Measurement (circle one) st	teel tape electric tape	air line other: St	ing weight	
Well depth: 170 Well grouted to a de	epth of 10 feet Type	of grout (circle one): Neat Cem	ent Bentonite Mix	
Casing length: 150 feet Casin	ng diameter: 4	_inches Type of casing:	puc	
Screen length:feet				
Screen slot size: inches			•	
Type of completion (circle all applicable):	Gravel packed Under	eamed Telescoped Open	hole Natural Development	
	Other (describe):	A		
Top of lap pipe or reduction in casing:	feet. If teld	escoped or more than one scree	en, describe on next page	

Form: OLWR-SWR-1A (04/08)

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)
Cley click	Ground Level	30
red sand	30	35
while sand	35	70
white clay	70	105
while Sand.	105	170
V		

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

Sketch the property layout and include the following: 1) the well location; 2) and aid in locating the well; 3) any roads, power lines, or other items:	that may aid in locating the property and the well;
4) a north arrow.	7
gores e	RECEIVED JUN 2 4 2009
ue!	JUN 2 4 2003
	BY: OLWR
w house	
3	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Landowner Name: Kenny Dunkap.	
	Form: OLWR-SWR-1A (04/08)

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 No.

Date

Signature of Licensee

JUN 2 4 2009

STATE WELL REPORT

Part 2

County: Marshall

Permit #:

Pump Installer's Completion Report Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 2309

BY: OLWR		
For Office Use Only:		
Aquifer:		
well #:		
Elevation:		

Date completed: 5 - 28-09	Jackson, MS 39225		Well #: 505	
Copy information from block on Part 1	(601)961-5210 (601)961-5228 (fax)		Elevation:	
This part of the report must be completed	hu a ligguesed water well.	contractor or a licensed numn is	estaller A conv of Part 1 of the	
report must be attached and both parts fil	ed with the Department a	t the above address within 30 do	ays of well completion.	
	Well Owner Information		Well Location	
Owner Name: Kenny Ounlap		Latitude: 34.50-144 Longitude: 89.34.872		
Mailing Address: 544 church rd		Method of Lat/Long (check on	e): Conventional Survey,	
		USGS quad, Hand-held GPS, Survey-grade GPS		
Red Books Ms 38661 City State Zip Code		NW 1/2 SW 1/2 Sec 12 T 35 R 4W		
Chy State	Zip code	Distance Direction Nearest Town		
Telephone No. (%) 490-3066		3/4 Miles NW of red bowles -		
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		specify):	
Other (specify):		Horse Power Rating of Motor:	3/4	
Date Pump Installed: 5-30-09		Setting Depth:	O feet	
Rated Pump Capacity: Gallons Per Minute		Number of Stages: 8		
		75.11.1.635		
Pump Test Data			asuring Water Level rele one	
Date Well Tested: 5-28-09		Air Line Electric Meas	suring Line Steel Tape	
Static Water Level (A): () Feet Below Land Surface		Other (specify): _ 5 tri~ 5	_	
Pumping Water Level (B):Feet Below Land Surface			,	
Drawdown [(B) – (A)]: Feet Below Land Surface		For flowing well, measured sh	ut in head:feet	
Test Pumping Rate:Gallons Per Minute		Well yielded	_GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): 24 hours		feet after	hours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				

I HEREBY CERTIFY that the above statements are true to the best o	f my knowledge.
Jeres w. Moson 0-620	Jos w. Masa
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)