	State W	ell Report	
County: Marzhall		Oriller's Log	For Office Use Only:
1	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:
Permit #:		nd Water Resources Box 2309	Well #: <u>M 8 4</u>
Driller: The surveyor	Jackson, MS 39225		L. S. Elevation:
Date drilling completed: 5-15-09	` '	961- 5210 1- 5228 (fax)	
	` '		E-log #:
State Law requires that this report Department at the above address	t be prepared by the lice	ense holder responsible for t	he work and filed with the
Information on Well O			rehole Location
(Landowner if borehole is not fo	r a water well)	34. 43.659	1
Owner Name Eddic Acetse	~ :	Latitude: 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Longitude: $\sqrt{9} \cdot 41 \cdot 267$ ie): Conventional Survey,
Owner Name Eddic Arche	Lakes Sub	Method of Lat/Long (circle on	ne): Conventional Survey,
Mailing Address: (ebbe	re dive	USGS of ad. (Hand-held	GPS. Survey-grade GPS
cin. of respected		33	GPS Survey-grade GPS Twn 15 Rng 5 × 1
Bylolic MS City Stat	38611	4 <u>2 4 Sec 0)</u>	V IWN 13 KNg JW
City Stat	e Zip Code	Distance Direction Miles NE	Nearest Town
Telephone No. (62) 838 690	-i	Miles NE	or <u>550(1 ×1)1</u>
	Well / Bore		
Date drilling started: 5 15 09 Date dri	lling completed: 5-15-0	Hole depth: 183	Hole diameter: $(63)4$
Location of the source of any surface water	r used for drilling: ~~	t	
Method of dosing and volume of Chlorine	used in drilling and devel	opment:A	
Logs run (circle all applicable): No log run Name of organization running log(s):			Other:
Purpose of borehole (check one): Water We	ellGeotechnical/Geolo	ogical Investigation Ground	Source Heat Pump
Seismic S	urvey Other (describe))	
If drilling is not related	to water well construction	n, skip the remainder of this blo	ock
Purpose of Well (check one): HomeIn	dustrial Public Supply	Irrigation Fish Culture _	Other:
If a flowing well, method of flow regulation	n: Valve O	ther (describe)	
Static Water Level: feet abo	ove or below (sircle one) la	and surface Date measured:_	5-15-09
Method of Measurement (circle one) ste	eel tape electric tape	air line other: 54/	ing lueight
Well depth: 165 Well grouted to a dep	oth of 10 feet Type	of grout (circle one): Neat Ceme	ent Bentonite Mix
Casing length: / 75 feet Casin	g diameter:	_inches Type of casing:	puc
Screen length: 10 feet Scree		·	•
Screen slot size: , C/O inches			
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development
	Other (describe):	<u> </u>	
Top of lap pipe or reduction in casing:	feet. If tel	escoped or more than one scree	en, describe on next page

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

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JUN 15 2009

BY: OLWR

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 elist	Ground Level	10
red soud	10	30
gravel	30	49
while sand	42	70
entite clan	20	80
white soud	63	115
Blue cle-1	115	145
white said	145	185

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

Bell Bell	N.F.
Pebbecce drue	
Landowner Name: Eddic Archer	-

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

Jones w. Moson 0-620	6-11-09	Gens w. Man	RECEIVED
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	JUN 15 2009

BY: OLWR

STATE WELL REPORT Part 2

County: Marshall Permit #: Driller: Jacs W. Mase~ Date completed: 5-15-09 Copy information from block on Part 1

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

P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

For Office Use Only:				
Aquifer:				
Well #:	_			
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 Information

Well Location

Owner Name:	Eddie	Arche	<u></u>		_
Owner Name:_ Mailing Address	Lot 77	Gordon	Laked Cc. C	rive	
		(eller.		_	

Byhalic Mi 38611
City State Zip Code

Telephone No. (662) 838-6904

Well Location				
Latitude: 34.43 Longitude: 29.41.289 AO' Method of Lat/Long (check one): Conventional Survey,				
USGS quad, Hand-held GPS, Survey-grade GPS				
Distance Direction Nearest Town				
Miles NE of well hill				

Pump Type Circle one		Power Type Circle 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 (specify):	
Other (specify):			Horse Power Ratin	_	<u> </u>
Date Pump Installed	d: <u>5-15-0</u> 9	}	Setting Depth:	80	feet
Rated Pump Capaci	ty:(\)	Gallons Per Minute	Number of Stages:	8	

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 5-15-09	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A):Feet Below Land Surface	Other (specify): String (weight		
Pumping Water Level (B):Feet Below Land Surface	Other (speed).		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: Gallons Per Minute	Well yielded('\)GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): hours	feet after 24 hours of pumping		

•		
I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.	
	\cap \sim	
Jan W. Majon 0-620	Jess W. Man	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	-
Time reame of ramp mounts	Form: OLWR-SWRID (0470)	