	State Well Report		For Office Use Only:	
County: Marshall	Part 1 – Driller's Log		For Other Ose Omy.	
	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: W- 89	
Driller: Janes as Mosons.		P.O. Box 10631		
——————————————————————————————————————		S 39289-0631	L. S. Elevation:	
Date drilling completed: 4-36-07		961-5210 1 (028 (for)	E-log #:	
	[601)354	l-6938 (fax)	L-log #.	
State Law requires that this repo Department at the above address	rt be prepared by the lice	ense holder responsible for l	the work and filed with the	
Information on Well	Owner	Well or Bo	orehole Location	
(Landowner if borehole is not f	or a water well)	!		
		Latitude: 34 º 42 , 159	Engitude: 01°33, 218	
Owner Name Astin Porte	<u> </u>	O'	2" Longitude: 89 · 35 · 846 7 ne): Conventional Survey,	
		Method of LavLong (circle o	ne). Conventional Survey,	
Mailing Address: 547 chulo	noma la	USGS quad, Hand-held	Twn 45 Rng 4w	
		500 1/ Not 1/ Sec 26	Twn 45 Rng 4w	
Huly Springs M City Str	s 38635	- 5W		
City St.	ate Zip Code	Distance Direction	Nearest Town of Mariana	
200 222	,	Miles _ 3	01 Wellehod	
Telephone No. (663) 373-060				
	Well / Bore	hole Data		
Date drilling started: 4-26-67 Date drilling completed: 4-26-67 Hole depth: 200 Hole diameter: 63/4				
Location of the source of any surface water used for drilling: NA				
Method of dosing and volume of Chlori	ne used in drilling and deve	lopment: _ ^^		
Logs run (circle all applicable): No log r	Electric Gamma Ray	Density Sonic Neutron	Other:	
Name of organization running log(s):	•			
Purpose of borehole (check one): Water	Well_Geotechnical/Geo	logical Investigation Groun	nd Source Heat Pump	
Seismi	SurveyOther (describe	e)		
If drilling is not relate	ed to water well construction	on, skip the remainder of this L	olock	
Purpose of Well (check one): Home				
If a flowing well, method of flow regular	tion: Valve NA	Other (describe)		
Static Water Level:feet	above of below circle one)	land surface Date measured	1: 5-3-07	
Method of Measurement (circle one)			tring lunions	
Well depth: 200 Well grouted to a				
Casing length: 190 feet Ca				
Screen length: (S) feet So	creen diameter:	inches Type of screen:	pul	
1	Screen slot size: .010 inches Setting depth: From 190 feet to 200 feet			
Type of completion (circle all applicable	e): Gravel packed Und	erreamed Telescoped Op	en hole Natural Development	

Other (describe): _

Top of lap pipe or reduction in casing: _

Form: OLWR-SWR-1A

feet. If telescoped or more than one screen, describe on next page

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The sketch below only required for water wells

f 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)
clay dirt.	Ground Level	(0)
red Soud	10	45
white soud	45	192
white clay	80	192
white sand	125	140
white clay	140	180
white sad	180	200

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

Sketch the property layout and include the following: 1) to aid in locating the well; 3) any roads, powe 4) a north arrow.	the well location; 2) any permanent structures on the proper lines, or other items that may aid in locating the propert	perty that may y and the well;
2.	house	∽
Landowner Name: Austin Porter.	3	Fares OLAMB SW/D

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Danartment of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Mississippi Dej	partment of Environ	imentai Quanty i	and the Mississippi Depar	timent of Health regulations, if applicable, a
laws.				
Jans	w. Mosan	0-630	5-21-07	Jos . Mom

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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BY: OLWA

STATE WELL REPORT

Permit #: Driller: Jose) W. Mesow Date completed: 5-3-07 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

Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:			
Aquifer:			
Well #: 1 89 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

Under Name: A stine Parts.

Mailing Address: 547 - Chulchang N.

Method of Lat/Long (check one): Conventional Survey.

USGS quad., Hand-held GPS. Survey-grade GPS.

Telephone No. (662-) 272-0001

State Zip Code

Sw 4 Nw 4 Sec 26 T 45 R 4w

Distance Direction Nearest Town

12 Miles S of Marianna

Power Type Pump Type Circle one Circle one Gasoline Engine Natural Gas Submersible Diesel Engine Air Lift Tractor PTO Electric Motor Hand Bucket Piston Turbine Other (specify): ___ Flowing Well Windmill Centrifugal Rotary Horse Power Rating of Motor: 314 Other (specify): Date Pump Installed: 5-3-07 0 P) Setting Depth: ____ Number of Stages: __ (Rated Pump Capacity: ____ | Gallons Per Minute

Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: 5- 3-07 Electric Measuring Line Steel Tape Air Line Static Water Level (A): _____ Feet Below Land Surface Other (specify): String / weight Pumping Water Level (B): Seet Below Land Surface For flowing well, measured shut in head: Drawdown [(B) – (A)]: ______Feet Below Land Surface Well yielded (2 Test Pumping Rate: _____ Gallons Per Minute GPM with a drawdown of hours of pumping Duration of Pump Test (minimum 4 hours): 24 hours

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Tones W. Meson O-620

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

Signature of Pump Installer

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