Well # 1 State V		
State	Well Report	For Office Use Only:
	Driller's Log	roi Office Ose Omy.
Mississippi Departme	ent of Environmental Quality	Aquifer:
	and Water Resources	Well #: F-59
Deillon Kahlet AM WOLU	. Box 10631	
Jackson,	MS 39289-0631	L. S. Elevation:
Date training to the property of the property	1)961-5210 354-6938 (fax)	E-log #:
(001)3	554-0556 (lax)	2105
State Law requires that this report be prepared by the l	icense holder responsible for	the work and filed with the
Department at the above address within 30 days of con	npletion of drilling of the well	or borehole.
Information on Well Owner		orehole Location
(Landowner if borehole is not for a water well)	1 30.18 .5	7" Longitude: 51 • 68 • 59 "
Owner Name Jeffey Wathins	Latitude: 710 (1)	Longitude: O S C S S S S S S S S S S S S S S S S S
Owner Name CEFFE WAFTING	Method of Lat/Long (circle o	ne): Conventional Survey,
Mailing Address: 12720 Luy/6 E		
	USGS quad, Hand-held	I GPS, Survey-grade GPS
	SF 1/ SW/1/ Son 13	Twn_//N/ Rng_//E
Philadelphia MS 3935()	10 10 10 10 10	TWILL TOUR TOUR
Philadelphia MS 39350 City State Zip Code	Distance Direction 3.5 Miles	Nearest Town
	3.5 Miles _ <i>NW</i>	of Milalel phiA
Telephone No. (601) 656-6837		•
Wall / Ro	orehole Data	
		111
Date drilling started: 10/1/06 Date drilling completed: 10/	1906' Hole depth: <u>\$50'</u>	Hole diameter:
Location of the source of any surface water used for drilling:	Cth. Water	
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and de	velopment:	
Logs run (circle all applicable): No log run Electric Gamma R	ay Density Sonic Neutron	Other:
Name of organization running log(s):		
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump		
Purpose of porenoie (check one): water well_r_ Geolecimical/Geological investigation Ground Source Teat I unip		
Seismic Survey Other (descri	ibe)	• •
If drilling is not related to water well construc		,
Purpose of Well (check one): Home Industrial Public Sup	ply Irrigation Fish Culture	Other: Chicken Houses
If a flowing well, method of flow regulation: Valve	Other (describe)	
Static Water Level: feet above or feelow (circle one	a) land surface Date measured	10/2,/06
Static water Level:leet above of below/effele off	of taile surface. Date incastron.	
Method of Measurement (circle one) (steel tape) electric ta	pe air line other:	
	C / . l	mant Bontonito din
Well depth: 550 Well grouted to a depth of 80 feet Ty		-
Casing length: 280 feet Casing diameter: 4	inches Type of casing: _	PVC
Screen length: <u>90</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>		
Screen slot size:inches	n_470feet to	5.50 feet
Type of completion (circle all applicable): Gravel packed Un	derreamed Telescoped One	n hole Natural Development

Form: OLWR-SWR-1A

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

Other (describe): _

Top of lap pipe or reduction in casing: ___

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

Casi M

260 1

280 (Bithorn of Caving)

80'

Screen 550'

<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations</u>

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	li .	20 /
aniteSonel	20	301
clan	80	70 '
FIRE Some	70	1051
6km . II	105	(15"
five Sand / Ligar te/c/our	115	250'
Class Rocks	250	3601
Lave San O	300	3751
Fine Comese Sand	375	550
7		
		1
L	۸	

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 aid in locating the well; 3) any roads, power lines, or other items the 4) a north arrow.	permanent structures on the property that may aid in locating the property and	hat may the well;
		}
	* wal	Hay 19
Landowner Name: Jeffery Wort Kins		or OI WR-SWR-14

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

Robert Anthony

Signature of Licensee

STATE WELL REPORT

County: __

Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

	_
For Office Use Only:	
quifer:	
rell#: F-59	_
evation:	_

Driller: Kobert An thous	P.O. 1	Box 10631 MS 39289-0631 Well #: F-59	
Date completed: 10/24/01	(601))961-5210	
Copy information from block on Part 1		94-0938 (Iax)	
This part of the report must be completed report must be attached and both parts file	by a licensed water well ed with the Department o	contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion.	
Well Owner Informat	ion	Well Location	
Owner Name: Juffusy Wat K	w	Latitude:Longitude:	
Mailing Address: 12720 Hung	166	Method of Lat/Long (check one): Conventional Survey,	
<u> </u>	·	USGS quad, Hand-held GPS, Survey-grade GPS	
		5E 1/2 SW 1/2 Sec /2 T //N R //E	
City / State	Zip Code	Distance Direction Nearest Town	
Telephone No. (<u>601) 656-6937</u>	2	3.5 Miles NW of Ph:/ache/phiA	
Pump Type		Power Type	
Circle one		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):	<u></u>	Horse Power Rating of Motor:	
Date Pump Installed: _/0/24/66	Pump Installed: 10/24/66 Setting Depth:		
Rated Pump Capacity:		Number of Stages:	
Pump Test Data		Method of Measuring Water Level	
Date Well Tested:	****		
Static Water Level (A):Feet Below Land Surface		Air Line Electric Measuring Line Steel Tape Other (specify):	
Pumping Water Level (B): 45 Feet	Below Land Surface	Outer (specify).	
Drawdown [(B) - (A)]:		For flowing well, measured shut in head:feet	
Test Pumping Rate:		Well yieldedGPM with a drawdown of	
Test Pumping Rate:			

I HEREBY CERTIFY that the above statements are true to the best of Robert Any Horn 0-284	f my knowledge. Robit Anthor	nj
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
Finit Name of Lump Instance and Seconds 100 (1. sep-		Fortn: OLWR-SWR-1B

Aire 1 4 2007