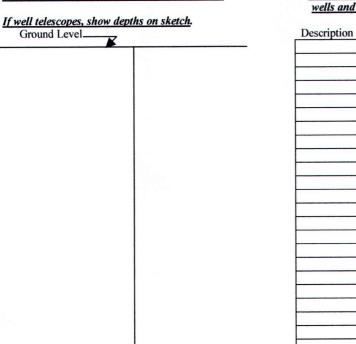
County: Pert 1 Part 1 Part 1 Part 1 Mississippi Department Permit #:	Vell Report For Office Use Only: Driller's Log Aquifer: Matter Resources Well #: Box 10631 L. S. Elevation: MS 39289-0631 E-log #:	
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.		
Information on Well Owner (Landowner if borehole is not for a water well) Owner Name <u>TAMie Smith</u> Mailing Address: <u>290 Buck BrAnch School</u> <i>Bop Archille, MS</i> . City State Zip Code Telephone No. <u>606</u> # 569-4767	Well or Borehole Location Latitude: ' ' Longitude:	
Well / Borehole Data Date drilling started: 10/16/07 Hole depth: 83 Hole diameter: 7/2 Location of the source of any surface water used for drilling:		
Purpose of borehole (check one): Water WellGeotechnical/Geological InvestigationGround Source Heat Pump		
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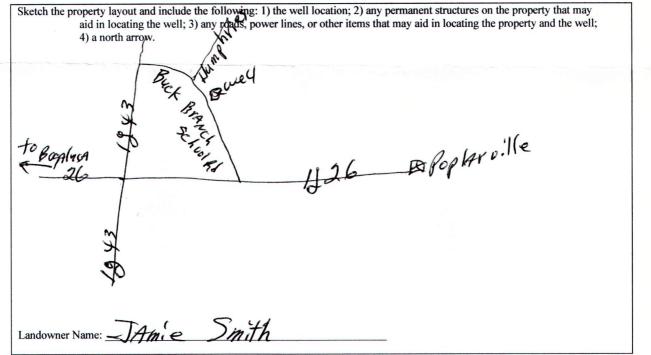
The sketch below only required for water wells



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

Description of Formations Encountered		To (depth)
	Ground Level	
topsoil	0	1
107		
top Soil SAndy Clay SAnd	6	30
maying		P
SAID	30	83
)4100		
		+

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



Form: OLWR-SWR-1A

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

laws. Print Name of Responsible Licensee and License No. Date Willie Tordan well Ser.

Signature of L see

OCT 2 2 2007 **BY: OLWR**

STATE WELL REPORT		
County: <u>leav</u> <u>Kive</u> Permit #: <u>Permit #:</u> Driller: <u>J.C. Scam (A11</u>) Date completed: <u>fof16/07</u> <u>Copy information from block on Part 1</u> This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department of Well Owner Information Owner Name: <u>JAM</u> <u>E</u> Smith	Part 2 's Completion Report nt of Environmental Quality and Water Resources Box 10631 MS 39289-0631)961-5210 54-6938 (fax) contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion. Well Location Latitude: Longitude:	
Mailing Address: 290 Buck Brauch School & Poplar ville, Ms. City State Zip Code Telephone No. 601 569-4767	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ¼¼ SecT_3R/8 Distance Direction Nearest Town 6_MilesEof <u>poplaruinger</u> Ms	
Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electfic Motor Hand Tractor PTO Windmill Other (specify):	
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):	
I HEREBY CERTIFY that the above statements are true to the best of Ten An Well Ser. 0-508 Print Name of Pump Installer and License No. (if applicable)	of my knowledge Signature of Pump Installer Form: OLWR-SWR-1B RECEIVED OCT 2 2 2007	

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