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County: $P_{C(1)}$ Part 1 - Driller's Log     Permit #:
Permit #:   Office of Land and Water Resources     Driller:   Description     Driller:   Description     Driller:   Description     Date drilling completed:   Billor     Bate drilling completed:   Billor     Date drilling completed:   Billor     Bate drill
Driller:   1.5. 51 10/12.52     Date drilling completed:   3.1/2C2     Jackson, MS 39289-0631 (601)951-5210 (601)354-6938 (fax)   1. S. Elevation:     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.   1. S. Elevation:     Information on Well Owner (Landowner if borehole is not for a water well)   Well or Borehole Location     Owner Name   1. S. Elevation:     Jet Miles   3.1     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)   Well or Borehole Location     Owner Name   1. S. Elevation:     Jet Miles   3.1     State   2.35     Egreet   1. S. Elevation:     Mailing Address:   2.35     Egreet   1. S. Elevation:     Bistance   1. S. Elevation:     I   Miles     State   2.10 Code     Miles   5.12     State   2.10 Code     Miles   5.12
Date drilling completed: 3:1/2-C2   Jackson, MIS 39289-0031 (601)961-5210 (601)354-6938 (fax)   L. S. Elevation:
(601)354-6938 (fax) 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 Verice (well of Content on a water well) Owner Name Verice (well of Content on a water well) Owner Name Verice (well of Content on a water well) Owner Name Verice (well of Content on a water well) Owner Name Verice (well of Content on a water well) Owner Name Verice (well of Content on a water well) Owner Name Verice (well of Content on a water well) Owner Name Verice (well of Content on a water well) Owner Name Verice (well of Content on a water well) Owner Name Verice (well of Content on a water well) Owner Name Verice (well of Content on a water well) Owner Name Verice (well of Content on a water well) Owner Name Verice (well of Content on a water well) Mailing Address: S235 Egret Lourse Out the for the well of Content on a survey, USGS quad, Hand-held GPS, Survey-grade GPS SE % NW % Sec 32 Twn IN Rng 10W Distance Direction Nearest Town II Miles SE of Brack / ym Well / Borehole Data
(Landowner if borehole is not for a water well) Owner Name Verice (Jochton Mailing Address: <u>8235</u> Egrof Large Guation Model at Large City State Zip Code Telephone No. <u>208 - 497 4883</u> Well / Borehole Data
Owner Name
Owner Name
State   State <th< td=""></th<>
State   Zip Code   Distance   Direction   Nearest Town     Telephone No.
City   State   Zip Code   Distance   Direction   Nearest Town     Telephone No.   Telephone No. <t< td=""></t<>
Telephone No. (D.) - U97- U883
Well / Borehole Data
Date drilling started: 31502 Date drilling completed: 316-03 Hole depth: 403 Hole diameter: 63
•
Location of the source of any surface water used for drilling:
Method of dosing and volume of Chlorine used in drilling and development:
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe)
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (check one): Home <u>V</u> Industrial Public Supply Irrigation Fish Culture Other: <u>Post</u>
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 1212 feet above or below (circle one) land surface Date measured: 31(. 6)
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 2105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement, Bentonite Mix
Casing length: 3,80 feet Casing diameter: 4 inches Type of casing:
Screen length: <u>3.0</u> feet Screen diameter: <u>inchos</u> Type of screen: <u>KSC</u>
Screen slot size: $1010$ inches Setting depth: From $320$ feet to $100$ feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page
Form: OLWR-SWR

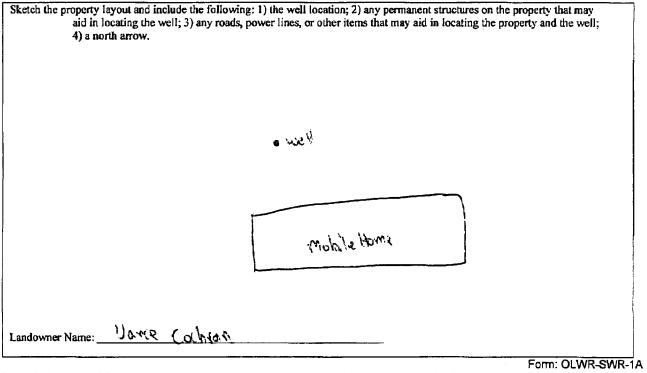
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## The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level <u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sandy	Ground Level	23
Sandy Comb (clay	33	Se
Clark	18	147
500	147	153
Clay	53	331
Sorth w/clay	281	303
Spec	373	415
	+	
		+
		1
	<u> </u>	
		1
L		-

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



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

Date

laws. we <u>4-10-08</u>

Print Name of Responsible Licensee and License No.

Signature of Licensee

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Permit #: Pump Installer   Permit #: Mississippi Departme   Driller: Oc.sid west   Date completed: 31/2:05	
Permit #: Mississippi Department Driller: Oc.sid west Date completed: Mississippi Department Date completed: P.O. Jackson, (601) (601)3 This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department Well Owner Information Dwner Name: Monte Mississippi Department P.O. Jackson, (601) (601)3 Department for the report must be completed by a licensed water well report must be attached and both parts filed with the Department Well Owner Information Dwner Name: Mississippi Department P.O. Jackson, (601) (601)3 Department for the report must be completed by a licensed water well report must be attached and both parts filed with the Department Well Owner Information Dwner Name: Gautier City State Zip Code	ent of Environmental Quality 1 and Water Resources . Box 10631 MS 39289-0631 1)961-5210 54-6938 (fax) <i>I contractor or a licensed pump installer. A copy of Part 1 of</i> <i>at the above address within 30 days of well completion.</i> Well Location Latitude: $31^{\circ} 01'$ Longitude: $85^{\circ}01'$ Method of Lat/Long (check one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GP: $5E_{\circ} 1 M M $ Sec $32_{\circ} T_{1} N R_{1} D M$ Distance Direction Nearest Town
Driller: <u>Desid West</u> Date completed: <u>3t/a: CA</u> <u>Capy information from black 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 Well Owner Information Dwner Name: <u>Vance (attact</u> ) Mailing Address: <u>B235 Egret Lane</u> <u>Gautiér</u> <u>M5 39553</u> City State Zip Code	Box 10631 MS 39289-0631 1)961-5210 554-6938 (fax) <i>I contractor or a licensed pump installer. A copy of Part 1 of</i> <i>at the above address within 30 days of well completion.</i> Well Location Latitude: <u>31°01'</u> Longitude: <u>86°01'</u> Method of Lat/Long (check one): Conventional Survey_ USGS quad, Hand-held GPS, Survey-grade GP: <u>5E</u> ½ <u>NW</u> ½ Sec <u>32</u> T_ <u>IN</u> R_ <u>106</u> Distance Direction Nearest Town
Date completed:   States   (601)     Copy information from block on Pari 1   (601)3     Copy information from block on Pari 1   (601)3     This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department   Well Owner Information     Well Owner Information   Well Owner Information     Wener Name:   Using Carbian     Mailing Address:   B235     Gautiér   MS     Gautiér   MS     City   State     Zip Code	1)961-5210 Elevation: I contractor or a licensed pump installer. A copy of Part 1 of at the above address within 30 days of well completion. Well Location Latitude: 31°01' Longitude: 89°01' Method of Lat/Long (check one): Conventional Survey_ USGS quad, Hand-held GPS, Survey-grade GP: 5E ½ NW ½ Sec 32 T_IN R_10L Distance Direction Nearest Town
Copy information from block on Part 1 (601)3 This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department Well Owner Information wher Name: Uance (athan hailing Address: 8235 Egret Lane Gautiér MS 39553 City State Zip Code	S54-6938 (fax)   Elevation:     If contractor or a licensed pump installer. A copy of Part 1 of at the above address within 30 days of well completion.     Well Location     Latitude:   31° 01′     Latitude:   31° 01′     Latitude:   31° 01′     Longitude:   85° 01′     Method of Lat/Long (check one):   Conventional Survey_     USGS quad   Hand-held GPS   Survey-grade GP:     SE_   ½ NW ½ Sec 32   T   N     Distance   Direction   Nearest Town
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department Well Owner Information owner Name: <u>Vance (attan</u> Mailing Address: <u>B235 Egret Lane</u> <u>Gautiér M5 39553</u> City State Zip Code	at the above address within 30 days of well completion.     Well Location     Latitude: 31° 01'     Longitude: 89° 81'     Method of Lat/Long (check one): Conventional Survey_     USGS quad, Hand-held GPS, Survey-grade GP:     SE 14 NW 14 Sec 32 T_1N R_10L     Distance     Direction     Nearest Town
The port must be attached and both parts filed with the Department Well Owner Information Dwner Name: <u>Vance (athian</u> Mailing Address: <u>B235 Egret Lane</u> Gautiér <u>M5 39553</u> City State Zip Code	at the above address within 30 days of well completion.     Well Location     Latitude: 31° 01'     Longitude: 89° 81'     Method of Lat/Long (check one): Conventional Survey_     USGS quad, Hand-held GPS, Survey-grade GP:     SE 14 NW 14 Sec 32 T_1N R_10L     Distance     Direction     Nearest Town
Dwner Name: Vance (abian Iailing Address: 8235 Egret Lane <u>Gautiér MS 39553</u> City State Zip Code	Latitude: 31°01′   Longitude: 89°01′     Method of Lat/Long (check one): Conventional Survey_     USGS quad, Hand-held GPS, Survey-grade GP:     5E ¼ NW ¼ Sec 32 T_IN R_1060     Distance   Direction
lailing Address: <u>8235 Egret Lane</u> G <u>autiés MS 39553</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey_ USGS quad, Hand-held GPS, Survey-grade GP: <u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>32</u> T <u>IN</u> R <u>1060</u> Distance Direction Nearest Town
Gautiér MS 39553 City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GP: <u>SE</u> <u>4</u> <u>NW</u> <u>4</u> Sec <u>32</u> T <u>IN</u> R <u>10</u> (L) Distance Direction Nearest Town
Gautiér MS 39553 City State Zip Code	<u>SE 1/ NW 1/ Sec 32 T IN R 100</u> Distance Direction Nearest Town
	<u>SE 1/ NW 1/ Sec 32 T IN R 100</u> Distance Direction Nearest Town
	Distance Direction Nearest Town
elephone No. (228) 497-4883	
elephone No. (228) 497-4883	Il Miles SE of Brooklyn
	· · · · · · · · · · · · · · · · · · ·
Pump Type Circle one	Power Type Circle one
ir Lift Jet (Submersible)	Diesel Engine Gasoline Engine Natural
ucket Piston Turbine	(Electric Moto) Hand Tractor F
entrifugal Rotary Flowing Well	Windmill Other (specify):
ther (specify):	Horse Power Rating of Motor:
ate Pump Installed: 3-16-02	Setting Depth: feet
ated Pump Capacity:Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
ate Well Tested:	Circle one
tatic Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Stee! Tap
	Other (specify):
umping Water Level (B):Feet Below Land Surface	
rawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:f
est Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of
uration of Pump Test (minimum 4 hours):hours	feet afterhours of pump
HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
Dr. 4. 2 Webs (J-6.7) 2 rint Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer