7
County: Pike
Permit #:
Date drilling completed: 2-1-06

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:
Aquifer: $A - 223$
L. S. Elevation:
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 comp	letion of drilling of the well or borehole.
Information on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well)	Latitude:°, Longitude:°, "
Owner Name Bobby Greenlee.	Lantude: Longhude
,	Method of Lat/Long (circle one): Conventional Survey,
Mailing Address: Green tree IV	TYRICA I II II CDC C
	USGS quad, Hand-held GPS, Survey-grade GPS
	¹ / ₄ ¹ / ₄ Sec 22
Summet MS,	
City State Zip Code	Distance Direction Nearest Town Miles West of Summer
Telephone No. ()	Miles Word of Sammer
Telephone IVO. ()	
Well / Bore	hole Data
Date drilling started: 2-1-06. Date drilling completed: 2-1-0	Mr. Hala danth: 110 Hale diameter: 811
Location of the source of any surface water used for drilling:	
Method of dosing and volume of Chlorine used in drilling and devel	opment:
Logs run (circle all applicable): To log run Electric Gamma Ray	Density Sonic Neutron Other
Name of organization running log(s):	Density Some reducti Guter.
- Party Commence of the Commen	
Purpose of borehole (check one): Water Well Geotechnical/Geol	ogical Investigation Ground Source Heat Pump
Seismic Survey Other (describe	
If drilling is not related to water well construction	n, skip the remainder of this block
Purpose of Well (check one): HomeIndustrial Public Supply	Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve C	other (describe)
Static Water Level:feet above or below (circle one)	and surface Date measured: 27-04,
Method of Measurement (circle one) steel tape electric tape	air line other:
Well depth: 10 Well grouted to a depth of 10 feet Type	
Casing length: 10 feet Casing diameter: 4/1	inches Type of casing:
Screen length: feet Casing diameter: / Screen length: Screen diameter: ////	inches Type of screen:
Screen slot size:inches Setting depth: From _	feet to 110 feet
Type of completion (circle all applicable): Gravel packed Under	
Other (describe):	
Top of lap pipe or reduction in casing:feet. If te	lescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

The sketch	below o	natu reas	uired for	r water	wells
THE PROPERTY.				11.00001	17 TO 18 TO 18

<u>If well telescopes, show depths on s</u>	ketch.
Convert Laval	

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)
	Ground Level	
Clwy	0	30
Sill.	30	60
crimel-	60	90
course Sand grower	90	110
A-2		

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

Sketch the property layout and include the following: 1 aid in locating the well; 3) any roads, pow 4) a north arrow.) the well location; 2) ver lines, or other item	any permanent structures on the property sthat may aid in locating the property	erty that may and the well;
Landowner Name: Bobby Green lee.	Georgia de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya de la companya de la companya dela companya del		House Site.
/ I certify that the well/borehole was drilled, constructed Mississippi Department of Environmental Quality and	d, and completed in :	accordance with all applicable requi	orm: OLWR-SWR-1A rements of the plicable, and state
Brad Fitzgearld 034	2-18-06	BudStand	
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	RECEIVE

RECEIVED

FEB 2 2 2006

BY: OLWR

STATE WELL REPORT

County: Pike. Permit #: Date completed:

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

Office of Land and Water Resources P.O. Box 10631

For Office Use Only:		
Aquife	r:	
Vell #	A-223	
levati	on:	

Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) Copy information from block on Part 1 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: Bobby Green ee Latitude:_ _Longitude:_ Method of Lat/Long (check one): Conventional Survey____, USGS quad_____, Hand-held GPS____, Survey-grade GPS____ _1/4 Sec_22 Zip Code Direction Nearest Town Distance Miles West Telephone No. (____)_ **Pump Type Power Type** Circle one Circle one Submersible Air Lift Diesel Engine Gasoline Engine Natural Gas **Jet** Electric Motor Hand **Tractor PTO Bucket** Piston Turbine Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: ____ Other (specify): Date Pump Installed: 2-1-06 Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: _ **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: Steel Tape Air Line Electric Measuring Line Static Water Level (A): _____Feet Below Land Surface Other (specify): _ Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: _____Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: _____ Gallons Per Minute Well yielded _____GPM with a drawdown of feet after _____hours of pumping Duration of Pump Test (minimum 4 hours): _____hours

I HEREBY CERTIFY that the above statements a	are true to the best of r	ny knowledge.	
Bird Edzerald	079-	Bud Style	
Print Name of Pump Installer and License No. (if	applicable)	Signature of Pump Installer	

Form: OLWR-SWR-1B

FEB 2 2 2006