State V	Vell Report -			
	Driller's Log	For Office Use Only:		
Mississippi Departme		Aquifer: + 249		
	and Water Resources Box 2309	Well #:		
الملم من الملام من الملام المام من الملام المام من الملام المام الملام الملام الملام الملام الملام الملام الملام	n MS 39225	I C Filmonian		
$\mathcal{Y} = \mathcal{G} = \mathcal{G} $ (601)	961- 5210	L. S. Elevation:		
(601)96	1- 5228 (fax)	E-log #:		
State Law requires that this report be prepared by the lie	ense holder responsible for the	e work and filed with the		
Department at the above address within 30 days of com	pletion of drilling of the well of	r borehole.		
Information on Well Owner		hole Location		
(Landowner if borehole is not for a water well)	Latitude: 31 . 20 , 55.6	Longitude: 90° 27. 10.6"		
Owner Name Keneth Potty.				
Mailing Address: Johnson Hallon	Method of Lat/Long (circle one)	: Conventional Survey,		
Maning Address: Valled Olyton	USGS quad, Hand-held GPS, Survey-grade GPS			
	NW, NE 1 Sec 1	T 4 N Pro 7F		
Summet MS	1 1 1/4 1/4 Sec_1	_ IWII KIII		
City State Zip Code	Distance Direction	Nearest Town		
Talankara No. (Milesof			
Telephone No. ()				
	ehole Data			
Date drilling started: 8-9-10 Date drilling completed 8-9-10 Hole depth: 50 Hole diameter: 8"				
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and dev	elopment:			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
Purpose of borehole (check one): Water WellGeotechnical/Geo	plogical Investigation Ground S	Source Heat Pump		
Seismic Survey Other (descrit	e)	-k		
If drilling is not related to water well construct		1		
Purpose of Well (check one): HomeIndustrial Public Supp	ly Irrigation Fish Culture	Other:		
IC - Aming mult mathed of flow samilation. Valve	Other (describe)	·		
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 50 Well grouted to a depth of 10 feet Type of grout (circle one): Meat Cement Bentonite Mix				
Casing length: 40 feet Casing diameter: 421 inches Type of casing: Pre-				
Screen length: 10 feet Screen diameter: 4" inches Type of screen: 10				
Screen slot size:inches Setting depth: Fromfeet tofeet				
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-1A (04/08)		

SEP 0 2 2010

BY:OLWR

SEP 0 2 2004

9249

The sketch below only required for water wells

If 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)
	Ground Level	
(104-,	0	20
(rdiel-	20	30
Cliny.	30	V O
Couse Sold	90 0	10
	 	
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	L	l

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

		aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and 4) a north arrow.	that may i the well;
Zho	48×	Three	
lo XI	*	and the state of t	
	S Landowner N	<u> </u>	· OLIMP SWP.1

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

Signature of Licensee

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SEP 0 2 2010

BY: OLWP

County: Pitce	STATE WELL REPORT	For Office Use Only:
•	Part 2 Pump Installer's Completion Report	Aquifer: A249
	ississippi Department of Environmental Quality	7247
Driller: Intzhald well Jene	Office of Land and Water Resources P.O. Box 2309	Well #:
Date completed: 8-9-10.	Jackson, MS 39225	Elevation:
Copy information from block on Part 1	(601)961-5210 (601)961-5228 (fax)	
This part of the report must be completed by a report must be attached and both parts filed wi	licensed water well contractor or a licensed pump ith the Department at the above address within 30 c	installer. A copy of Part 1 of the days of well completion.
Well Owner Information	We	ell Location
Owner Name: Keneth Potty	Latitude: 3/ 20 55	Longitude: <u>40° 20° 10.</u> 6"
Mailing Address: Tohnselohon	Method of Lat/Long (check of	one): Conventional Survey,
	USGS quad, Hand-held	d GPS, Survey-grade GPS
Summit ms		TR
Summy MS City State	Zip Code 4 Sec_	
Telephone No. ()	Distance Direction Miles	Nearest Town
Telephone No.		
Pump Type	Po	ower Type
Circle one		Circle one
Air Lift Jet Su		
Bucket Piston Tu	rbine Electric Motor Hand	
Centrifugal Rotary Flo	011111111111111111111111111111111111111	r (specify):
Other (specify):	Horse Power Rating of Moto	or: <u>3/4</u>
Date Pump Installed: 8-9-10	Setting Depth: 40	feet
Rated Pump Capacity:Gal	llons Per Minute Number of Stages: 12	
Programme Test Date	Method of M	leasuring Water Level
Pump Test Data Date Well Tested:		Circle one easuring Line Steel Tape
	ow Land Surface Air Line Electric M	casuring Line
, ,	Other (specify):	
Pumping Water Level (B):Feet Bel	į .	
Drawdown [(B) - (A)]:Feet Bel		shut in head:feet
Test Pumping Rate:Ga	llons Per Minute Well yielded	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):		hours of pumping
Duration of rump rest (minimum 4 nours).		
This is for (circle one): New Well	Replacement of Existing Pump Repair of	Existing Pump
I HEREBY CERTIFY that the above statemen	ts are true to the best of my knowledge.	
had Fland og	Relytte	
Print Name of Pump Installer and License No.	(if applicable) Signature of Pump	Installer Form: OLWR-SWP-16 (07-09)

Form: OLWR RECEIVED
SEP 0 2 2010
BY: OLWR