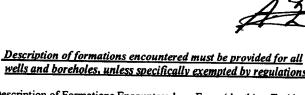
		0.014
	State Well Report	<u>B214</u>
County: Pike	Part 1 – Driller's Log	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality	Aquifer: Miocene
	Office of Land and Water Resources P.O. Box 2309	Well #: 6 (Forthan Field)
Driller:	Jackson, MS 39225	
Date drilling completed: <u>2/1/97</u>	(601)961- 5210 (601)961- 5228 (fax)	L. S. Elevation: <u>420</u>
		E-log #:
State Law requires that this report Department at the above address	be prepared by the license holder responsible for the second se	the work and filed with the
Information on Well O		or borehole.
(Landowner if borehole is not fo	a water well)	
Owner Name	Latitude: <u>3</u> ° / <u>36</u>	_" Longitude: <u>90 ° 26 ' 37</u> "
Mailing Address: College D		ne): Conventional Survey,
Maning Address. UTEGE D	USGS guad Hand-held	GPS, Survey-grade GPS 8E
City State	396(da 396(da 390 % Sec_19	Twn 4 Rng 7E
City State		Nearest Town
Telephone No. (60) 276-20	Miles	of
_	Well / Borehole Data	
Date drilling started: IBB	ling completed: Hole depth:	Hole diameter: 6
Method of dosing and volume of Chlorine	used for drilling: <u>fire</u> hydrot	
		.
Name of organization running log(s):	Electric Gamma Ray Density Sonic Neutron	Other:
	I Geotechnical/Geological Investigation Ground	Source Heat Burn
Seismic St If drilling is not related i	vey Other (describe) gwater_well construction, skip the remainder of this blo	
	ustrial Public Supply Irrigation Fish Culture _	
If a flowing well, method of flow regulation	: Valve Other (describe)	
Static Water Level: feet abc	ve or below (circle one) land surface Date measured:	
Method of Measurement (circle one) ste		A
Well depth: 185 Well grouted to a dep	th of feet Type of grout (circle one) Neat Cem	ent Bentonite Mix
	diameter: inches Type of casing:	
	diameter: inches Type of screen:	
Screen slot size:inches	Setting depth: From feet to	feet
Type of completion (circle all applicable):	Gravel packed Underreamed Telescoped Open 1	hole Natural Development
		· · · · · · · · · · · · · · · · · · ·
	Other (describe):	
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one scree	n, describe on next page
······		Form: OLWR-SWR-1A (04/08)
		1 JUIII. OLVVR-SVVR-TA (U4/U8)
		
		RÈCEIN
		RÉCEIN FEB 0 4 2

1. **4**



If well telescopes, show depths on sketch.		wells and boreholes, unless specifically exempted by regulations			
Ground Level		Description of Formations Encountered	From (depth)	To (depth)	
		Section New York	Ground Level	20	
		13 million To a company Said	20	70	
			70	100	
		A DE MARCHARD	100		
		Course No. 1		1	
		-			
				† 	
				<u>†</u>	
			1	<u> </u>	
				1	
			1	1	
ł				<u> </u>	
			1		
			1		
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 permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well;

 4) a north arrow.

 Landowner Name:

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.

The sketch below only required for water wells

Date

Signature of Licensee

FEB 0 4 2009 BY: OLW FR

RECEIVED

	STATE WELL REPORT	
County:	Part 2 Pump Installer's Completion Report	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality	
Driller:	Office of Land and Water Resources	Aquifer:
	P.O. Box 2309	
Date completed:	Jackson, MS 39225	Well #: <u>B214</u>
Copy information from block on Part 1	(601)961-5210 (601)961-5228 (fax)	Elevation:
This part of the report must be complete		

B

- *** .** . .

• '

report must be attached and both parts filed with the Departmen Well Owner Information	Well Location
Owner Name: 5///	
	Latitude: <u>31-17-36</u> Longitude: <u>90-26-37</u>
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SW 1/ SW 1/ Sec 19 TAN R BE
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	
	Miles of
Ритр Туре	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):	
Date Pump Installed:	Horse Power Rating of Motor: / S ///
	Setting Depth:feet
Rated Pump Capacity:Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested:	
Static Water Level (A):Feet Below Land Surface	· ·
Pumping Water Level (B):Feet Below Land Surface	Other (specify):
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate: Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
rint Name of Pump Installer and License No (if applicable)	Signature of Pump Installer
	Form: OLWR-SWR-14-14-14
	FEB
	FEB (BY: C
	DY: ()