State W	ell Report			
	Part 1 – Driller's Log			
Mississippi Departmen	t of Environmental Quality	Aquifer: <u>B-231</u>		
	nd Water Resources Box 2309	Well #:		
Driller: <u>VITZyevald well Jump</u> Jackson	Driller: <u>reference</u> well fung Jackson, MS 39225			
	961- 5210 I- 5228 (fax)	L. S. Elevation:		
(001)90	1- 0220 (IdA)	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. Unformation on Well Owner Well or Borehole Location				
(Landowner if borehole is not for a water well)		"Longitude 90° 26; 37."		
Owner Name Ramond Vandan-	Latitude:) / ° / 6 ',) .	" Longitude: <u>Cov</u> , <u>J</u> ,		
	Method of Lat/Long (circle on	e): Conventional Survey,		
Mailing Address: Pine Cone LN,	USGS quad, Hand-held GPS, Survey-grade GPS			
	NW 1/NW 1/4 Sec 31 TWN 4N Rng 8E			
<u>Summer MS</u> City State Zip Code	Distance Direction	Nearest Town		
	Miles0	of		
Telephone No. ()				
Well / Bore	hole Data			
Date drilling started: 5-12-11 Date drilling completed: 5-12-11 Hole depth: 185- 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 devel	opment:			
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:			
Purpose of borehole (check one): Water WellGeotechnical/Geol	ogical Investigation Ground	Source Heat Pump		
Seismic Survey Other (<i>describe</i>)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): Home Industrial Public Supply	IrrigationFish Culture	Other:		
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: <u>31</u> feet above or below (circle one) land surface Date measured: <u>5-12-11</u>				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: <u>185</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Near Cement Bentonite Mix				
Casing length: <u>165</u> feet Casing diameter: <u>4</u> ¹¹ inches Type of casing: <u>Poc</u>				
Screen length:				
Screen slot size: <u>1010</u> inches Setting depth: From <u>165</u> feet to <u>1855</u> 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-1A (04/04				

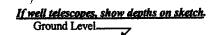
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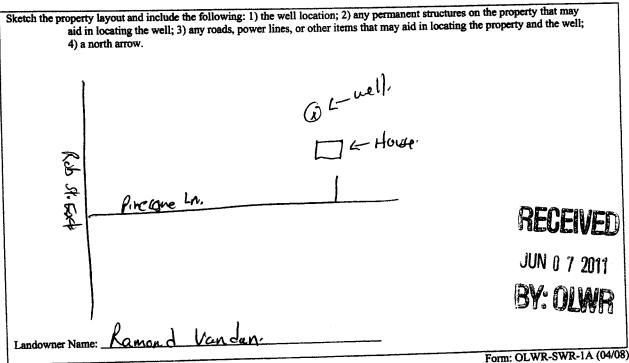
The sketch below only required for water wells



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Cluy	0	20
Some Gravet	20	60
Clus	60	80
Class	50	10
Five Sandy	140	(60)
Caurse Sandy	160	65
		-ll
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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

laws 5-12-11 44 DIAd 0 d

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

County: Pike Paint Pain	ILL REPORT art 2 Completion Report to of Environmental Quality nd Water Resources Box 2309 MS 39225 961-5210 1-5228 (fax) contractor or a licensed pump installer. A copy of Part 1 of the the above address within 30 days of well completion. Weil Location
Well Owner Information Owner Name: Ramond Van dan Mailing Address: Pine (one La) Summ-f MS, City State Zip Code Telephone No. ()	Latitude: 31°16′33.3 Longitude: 80°26′37″ Method of Lat/Long (check one): Conventional Survey
Pump Type Circle one Jet Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Power Type Circle one Diesel Engine Diesel Engine Gasoline Engine Natural Gas Execute Motos Hand Tractor PTO Windmill Other (specify):
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one Air Line Air Line Electric Measuring Line Other (specify):
This is for (circle one): New Well Replacement of E I HEREBY CERTIFY that the above statements are true to the bes <u>BIAL</u> FICULE OFF Print Name of Pump Installer and License No. (if applicable)	

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BY: OLWR