	State W	ell Report	
County: Pike	Part 1 – Driller's Log		For Office Use Only:
· · · · · · · · · · · · · · · · · · ·	Mississippi Departmei	nt of Environmental Quality	Aquifer: 3 236
Permit #:	Office of Land and Water Resources P.O. Box 2309		Well #:
Driller: Entzgewild Well Sever	Jackson	n, MS 39225	L. S. Elevation:
Date drilling completed: 6-4-12.		961- 5210 1- 5228 (fax)	
		j	E-log #:
State Law requires that this repor Department at the above address	t be prepared by the lic within 30 days of com	ense holder responsible for t sletion of drilling of the well	he work and filed with the
Information on Well C)wner	Well or Bo	rehole Location
(Landowner if borehole is not fo	or a water well)	Latitude: 310,14,33	6 Longitude: 90° 25, 26.5
Owner Name Vilmy Brown		[
Mailing Address: Brand LW.		Method of Lat/Long (circle on	
		USGS quad, Hand-held	GPS, Survey-grade GPS
Summitimes		NE 1/5W 1/2 Sec_ 8	Twn YN Rng 8E
City Stat	e Zip Code	Distance Direction	Nearest Town
Telephone No. ()		Miles	
receptione 140.			
•	Well / Bore		
Date drilling started: 6-4-12. Date dri	lling completed: 6-4-1	Hole depth: Do	Hole diameter: 8"
Location of the source of any surface water Method of dosing and volume of Chlorine	used in drilling and devel	opment:	
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:
Purpose of borehole (check one): Water We	ellGeotechnical/Geole	ogical Investigation Ground	Source Heat Pump
	urveyOther (describe		
		n, skip the remainder of this blo	
Purpose of Well (check one): HomeIn	dustrial Public Supply	Irrigation Fish Culture _	Other:
If a flowing well, method of flow regulation	n: Valve O	ther (describe)	
Static Water Level:feet abo	ove or below (circle one) la	and surface Date measured:_	6-4-12.
Method of Measurement (circle one)	el tape electric tape	air line other:	
Well depth: Well grouted to a dep			
Casing length: 60 feet Casing	g diameter: $9''$	inches Type of casing:	2c
Screen length:feet	n diameter: 4"	_inches Type of screen:/	Pic
Screen slot size:	Setting depth: From	60' feet to 70'	feet
Type of completion (circle all applicable):	Gravel packed Underr	reamed Telescoped Open I	nole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. <i>If tele</i>	escoped or more than one scree	n, describe on next page
			Form: OLWR-SWR-1A (04/08)

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BY: OLWR

The sketch	<i>helow</i>	only	required	for	water wells
A THE BIVELENT	ULLUM	DIEG Y	, cymi, cu	,,,	mater metro

If well telescopes,	show	depths	on	sketch.
Ground Level.				

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Claye	0	20
Suhd	20	40
clay,	40	50
Jahl	50	60
lause Sand	60	70
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	1	L

Signature of Licensee

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

Print Name of Responsible Licensee and License No.

aid in locating the well; 3) any roads, power lines, or other items that may aid in location 4) a north arrow.	tures on the property that may ating the property and the well;
Johnson Studion Hatson	
Hatson	
Band, top	
To be	
	as will
Landowner Name: Jany Bloum	Exwell' Way
	Form: OLWR-SWR-1A (04/08)

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Date

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BY: OLWH

Part Pump Installer Some South Sou		STATE W	ELL REPORT		
Permit #:	County: Pike	P	Part 2	For Office Use Only:	
Driller - TZGPTG Well September Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (01) pol 1-3210 (01) pol				Aquifer:	
Date completed: 6 4-12 Substance Submersible Distance Direction Nearest Town 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 conspiction. Well Owner Information Well Owner Information Well Owner Information Owner Name: Submersible Distance Direction Nearest Town Telephone No. Distance Direction Nearest Town Telephone No. Distance Direction Nearest Town Mailing Address: Submersible Distance Direction Nearest Town Telephone No. Distance Direction Nearest Town Telephone No. Distance Direction Nearest Town Miles Distance Direction Nearest Town Method of Lat/Long (check one): Conventional Survey Well Owner And Surface Distance Direction Nearest Town Method of Lat/Long (check one): Conventional Survey Well Owner And Surface Distance Direction Nearest Town Method of Measuring Nearest Town Method of Measuring Water Level Circle one Survey Feet Below Land Surface Method of Measuring Water Level Circle one Air Line Electric Measuring Line Method of Measuring Water Level Circle one Air Line Electric Measuring Line Method of Measuring Water Level Circle one Air Line Electric Measuring Line Method of Measuring Water Level Circle one Air Line Electric Measuring Line Method of Measuring Water Level Circle one Air Line Electric Measuring Line Method of Measuring Water Level Circle one Air Line Electric Measuring Line Method of Measur	Permit #:				
Date completed: 6 4-12 Substance Submersible Distance Direction Nearest Town 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 conspiction. Well Owner Information Well Owner Information Well Owner Information Owner Name: Submersible Distance Direction Nearest Town Telephone No. Distance Direction Nearest Town Telephone No. Distance Direction Nearest Town Mailing Address: Submersible Distance Direction Nearest Town Telephone No. Distance Direction Nearest Town Telephone No. Distance Direction Nearest Town Miles Distance Direction Nearest Town Method of Lat/Long (check one): Conventional Survey Well Owner And Surface Distance Direction Nearest Town Method of Lat/Long (check one): Conventional Survey Well Owner And Surface Distance Direction Nearest Town Method of Measuring Nearest Town Method of Measuring Water Level Circle one Survey Feet Below Land Surface Method of Measuring Water Level Circle one Air Line Electric Measuring Line Method of Measuring Water Level Circle one Air Line Electric Measuring Line Method of Measuring Water Level Circle one Air Line Electric Measuring Line Method of Measuring Water Level Circle one Air Line Electric Measuring Line Method of Measuring Water Level Circle one Air Line Electric Measuring Line Method of Measuring Water Level Circle one Air Line Electric Measuring Line Method of Measur	Driller: Htzgerald Well Sene			Well #:	
Convintormation from block on Part I (601)961-3228 (fax) 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 Owner Name: Security Flower	6-4-12		son, MS 39225 Elevation:		
Continuation from block on Part I (601)961-5228 (fax)	Date completed:				
Well Owner Information Owner Name: Sound Blower Information Owner Name: Sound Blower Information Mailing Address: Method of Lat/Long (check one): Conventional Survey-grade GPS	Copy information from block on Part 1				
Well Location Owner Name:	This part of the report must be completed a report must be attached and both parts file	by a licensed water well ed with the Denartment	contractor or a licensed pump is	nstaller. A copy of Part 1 of the	
Air Lift Pamp Type Circle one Circle one Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: Pump Test Data Date Well Tested: Pump Test Data Date Well Tested: Static Water Level (A): Feet Below Land Surface Pumping Water Level (A): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface Drawdown [(B) – (A)	Well Owner Informati	ion			
Mailing Address:	Owner Name: Janny Brown		Latitude: 310 19 33.9	"Longitude: 90° 25´ 26.5	
Telephone No. () Pump Type Circle one Air Lift Pump Type Circle one Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: G- 4-12. Rated Pump Capacity: Date Pump Test Data Date Well Tested: Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Method of Measuring Water Level Circle one Air Line Electric Measuring Water Level Circle one Air Line Electric Mosor Method of Measuring Water Level Circle one Air Line Electric Measuring Water Level Circle one Air Line Electric Measuring Water Level Circle one Air Line Electric Mosor Feet Measuring Line Other (specify): For flowing well, measured shut in head: GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Mailing Address: franci Lave		Method of Lat/Long (check or	ne): Conventional Survey,	
Telephone No	***************************************		USGS quad, Hand-held	GPS, Survey-grade GPS	
Telephone No. (Summet MS	7:- 0-1-	¼¼ Sec	7 TYN R SE	
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: Callons Per Minute Date Well Tested: Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge.				Nearest Town	
Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas	Telephone No.		Milesof	·	
Air Lift Jet Submersible Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Other (specify):			Pov	wer Type	
Bucket Piston Turbine Centrifugal Rotary Flowing Well Windmill Other (specify):		Submercible			
Centrifugal Rotary Flowing Well Other (specify):					
Other (specify):					
Date Pump Installed:		riowing well	,	./	
Rated Pump Capacity:	/				
Pump Test Data Date Well Tested:		C.II. D. 16			
Date Well Tested: Static Water Level (A): Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface For flowing well, measured shut in head: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Kated Fullip Capacity:	Jallons Per Minute	Number of Stages:		
Date Well Tested: Static Water Level (A): Feet Below Land Surface Orawdown [(B) – (A)]: Feet Below Land Surface Orawdown [(B) – (A)]: Feet Below Land Surface For flowing well, measured shut in head: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Pump Test Data		Method of Mea	suring Water Level	
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Pumping Water Level (B): Feet Below Land Surface	Static Water Level (A): Feet B	Selow Land Surface	Air Line Electric Meas	uring Line Steel Tape	
Prawdown [(B) – (A)]: Feet Below Land Surface For flowing well, measured shut in head: feet Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Pump Test (minimum 4 hours): hours feet after hours of pumping This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge.			Other (specify):		
This is for (circle one): Mew Well Replacement of Existing Pump Repair of Existing Pump	tumping Water Level (B):Feet B	elow Land Surface			
Duration of Pump Test (minimum 4 hours):hourshours of pumping This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Orawdown [(B) - (A)]:Feet B	Below Land Surface	For flowing well, measured shu	ut in head:feet	
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HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Ouration of Pump Test (minimum 4 hours): _	hours	feet after	hours of pumping	
HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
HEREBY CERTIFY that the above statements are true to the best of my knowledge.	This is for (circle one): New Well			sting Pump	
	HEDERY CERTIES that the above				
DIAN EN DIVIN	1	ms are true to the best of	my knowledge.		
The second		079-	Salfald		
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	rint Name of Pump Installer and License No	. (if applicable)	Signature of Pump Inst	taller Form: OLWR-SWR-10 (07-0	

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