	ell Report	For Office Use Only:	
Part 1 – Driller's Log		For Office Use Omy:	
Mississippi Departmen	Mississippi Department of Environmental Quality		
Permit #: Office of Land a	Office of Land and Water Resources		
Driller Elzevalchell Server P.O. F	Oriller: Glegeralchell Server P.O. Box 10631 Lackson MS 39289-0631		
Jackson, M.	IS 39289-0631	L. S. Elevation:	
	961-5210		
(601)354	4-6938 (fax)	E-log #:	
State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp			
Information on Well Owner	Well or Bo	rehole Location	
(Landowner if borehole is not for a water well)			
Owner Name Roundall Coon	Latitude:	" Longitude:'"	
Mailing Address: CD Ruspoom Rd	Method of Lat/Long (circle on	e): Conventional Survey,	
	USGS quad, Hand-held	GPS, Survey-grade GPS	
	1/4 1/4 Sec 22	Twn 4N Rng 95	
M Comb mS City State Zip Code			
City State Zip Code Distance Direction		Nearest Town of M Comb	
Telephone No. ()		or The Court	
Well / Bore	hole Data		
Date drilling started: 1-18-06 Date drilling completed: 1-18-06 Hole depth: 130 Hole diameter: 811			
Location of the source of any surface water used for drilling:			
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/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (describe)			
If drilling is not related to water well construction	n, skip the remainder of this blo	ock	
Purpose of Well (check one): HomeIndustrial Public Supply	Irrigation Fish Culture	Other:	
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level:feet above or below (circle one) land surface Date measured:			
Method of Measurement (circle one) teel tape electric tape air line other:			
Well depth: 130 Well grouted to a depth of 16 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 120 feet Casing diameter: 4"			
Screen length: 10 feet Screen diameter: 4" inches Type of screen: Pix			
Screen slot size:			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			

Other (describe):

feet. If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

The sketch below only required for wa	ater wells
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If well	telescopes,	show	depths	on	sketch
If well	telescopes,	show	depths	on	sketcl

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	
cluy,	e	20
Stare!	20	60
Clark	60	70
souch!	70	90
clark	90	100
Fire Sund	100	120
Course Sund	120	130

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

Sketch the property layout and include the following: 1) the well lo aid in locating the well; 3) any roads/power lines, or 4) a north arrow.	other items that may aid in locating the property	and the well;
y Rd	mobil >	(E) Luell
		- 4 4 4
80)		
Huy 44		
Landowner Name: Randull Coop		

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. Fitzerald

Print Name of Responsible Licensee and License No.

Signature of Licensee

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BY: OLWR

STATE WELL REPORT

County: Pite, Permit #: _ 1110110

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

F	or Office Use Only:	
Aquifer:		
Well #:	C-105	
Elevation	n:	

Driller: Etgerald Will Here P.O.	Box 10631 MS 39289-0631 Well #: C- 10 5		
Date completed:	The last of the second control of the second		
(601)3	1)961-5210 154-6938 (fax) Elevation:		
Copy information from block on Part 1	54-0556 (lax)		
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department	l contractor or a licensed pump installer. A copy of Part 1 of the		
Well Owner Information	Well Location		
Owner Name: Randull Coon!			
	Latitude:Longitude:		
Mailing Address: CORWOONRS	Method of Lat/Long (check one): Conventional Survey		
	USGS quad, Hand-held GPS, Survey-grade GPS_		
City State Zip Code	1/41/4 Sec		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. ()	9 Miles East of M Yonh		
Pump Type	Power Type Circle one		
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):	Horse Power Rating of Motor:		
Date Pump Installed: 1-18-061	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	Air Line Electric Measuring Line Steel Tape		
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 my knowledge.		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		

I HEREBY CERTIFY that the above statements are true to the best	st of my knowledge.	
Bradefound 024	Bud threld	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
		Farmer OLIMP CIMP 4D

Form: OLWR-SWR-1B