Stat	e Well Report	
	1 - Driller's Log	For Office Use Only:
Mississippi Depar	tment of Environmental Quality	Aquifer: 0/77
Permit #: Office of L	and and Water Resources	
Drifter: C Plotte Cli Cucl.	P.O. Box 10631	Well #:
Jacks	on, MS 39289-0631 (601)961-5210	L. S. Elevation:
1 1)1)354-6938 (fax)	E-log #:
State Law requires that this report be prepared by the	he license holder responsible for t	he work and filed with the
Department at the above address within 30 days of Information on Well Owner	completion of artuing of the well	or porenoie. rehole Location
(Landowner if borehole is not for a water well)		· · · · · · · · · · · · · · · · · · ·
Owner Name Sandra Porche	Latitude: <u>51° 6' 50</u>	7 Longitude: <u>FO: 25. 27.</u> 6"
Mailing Address: Huy 51 S	Method of Lat/Long (circle on	e): Conventional Survey,
	USUS quad, riano-neio	1
Macailiu MS.	NG 11 NW1 Sec 26	Two IN Rog 7E
<u>Aagneli H</u> MS. City State Zip Code	Distance Direction	
Telephone No. ()	Muics	of
Wall /	Borehole Data	
		e
Date drilling started: 6-10-10 Date drilling completed: 6-	10-10 Hole depth:	Hole diameter
Location of the source of any surface water used for drilling:		
Method of dosing and volume of Chlorine used in drilling and	development:	
-		
Logs run (circle all applicable): No log run Electric Gamma Name of organization running log(s):	Ray Density Sonic Neutron (Other:
Purpose of borehole (check one): Water WellCeotechnical/	Geological Investigation Ground	Source Heat Pump
Seismic Survey Other (des	cribe)	
	uction, skip the remainder of this blo	ck
Purpose of Well (check one): Home Public St	upply Irrigation Fish Culture	Other
If a flowing well, method of flow regulation: Valve		
Static Water Level: 10 - feet above or below (circle of	one) land surface Date measured:	6-10-10.
Well depth: 78 Well grouted to a depth of 10 Feet	Type of grout (circle one) Neat Ceme	Bentonite Mix
Casing length: 61 feet Casing diameter: 41	inches Type of casing:	Pic
Screen length: 10 ⁻ fees Screen diameter; <u>9</u> ¹¹	inches Type of screen:	In
Screen slot size: _ OI2 inches Setting depth: Fro		
Type of completion (circle all applicable): Unavel packed U		1
Other (describe):		
Top of lap pipe or reduction in casing:feet.	lf telescoped or more than one screen	. describe on next page
		Form: OLWR-SWR-1A
		neueivei
		JUN 17 ZUNU

2

*

×.

BY:OLWR

The sketch below only required for water wells

HE SECTION OUT TOUT TOUR OF THE MENS	wells and boreholes, unless specifically exempted by regulations			
f well telescopes, show depths on sketch. Ground Level	Description of Formations Encountered	From (depth)		
		Ground Level		
	Cluy-	0	20	
	Saud	20	40	
	Cluy-	40	60	
	Carlo Sand	60	60 78	
	······································	+	+	
			.	
			+	
		_		
		1		
	······································		<u> </u>	
	L	L	L	

Description of formations encountered must be provided for all

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. 6 6- 4 11. Huy 51 Landowner Name: Sandry Porcha

Form: OLWR-SWR-1A

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

law Brad Ffzinald

KA

Print Name of Responsible Licensee and License No.

Date

Signature of License RECEIVED JUN 1 7 2010 BY: OLWR

STATE W	ELL REPORT	
county:	Part 2 r's Completion Report	For Office Use Only: Aquifer: 6/177
Permit #: Mississippi Departm	Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631	
)1)961-5210 354-6938 (fax)	Elevation:
		L
This part of the report must be completed by a licensed water wei report must be attached and both parts filed with the Department	ll contractor or a licensed pump il t at the above address within 30 da	ustaller. A copy of Part 1 of th use of well completion.
Well Owner Information	Well	Location
Owner Name: SANdra Porcha	Latitude: 31° 6 50.3	Longitude: 10° 28'2
Mailing Address: Huy ST	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Magnilit MS.	¹ /4 ¹ /4 Sec	TR
Magnilit MS. City State Zip Code		Nearest Town
Telephone No. ()	Miles of	
	Miles 01	······································
Ритр Туре	Bor	uar Turna
Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasolin	e Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (s	specify):
Other (specify):	Horse Power Rating of Motor:	Y2-
Date Pump Installed: $(a - 10 - 10)$.	-	
Date Pump Installed: <u>V 70-70</u> .	Setting Depth:feet	
Rated Pump Capacity:Gallons Per Minute	Number of Stages:	
Pump Test Data		suring Water Level
Date Well Tested:	Cir	rcle one
	Air Line Electric Meas	uring Line Steel Tape
Static Water Level (A):Feet Below Land Surface	Other (specify):	
Pumping Water Level (B):Feet Below Land Surface		
	1	
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shu	it in head:feet
Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute	For flowing well, measured shu Well yielded	
		GPM with a drawdown of
Test Pumping Rate:Gallons Per Minute	Well yielded	GPM with a drawdown of
Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours I HEREBY CERTIFY that the above statements are true to the best of the best o	Well yieldedfeet after	GPM with a drawdown of
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours I HEREBY CERTIFY that the above statements are true to the best of BCAJ Edecuted 029	Well yieldedfeet after	GPM with a drawdown of
Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours I HEREBY CERTIFY that the above statements are true to the best of the best o	Well yieldedfeet after	_GPM with a drawdown ofhours of pumping
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours I HEREBY CERTIFY that the above statements are true to the best of BCAJ Filewald 029	Well yielded	_GPM with a drawdown ofhours of pumping
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours I HEREBY CERTIFY that the above statements are true to the best of Brad Filegund Of Pump Installer and License No. (if applicable)	Well yielded	_GPM with a drawdown ofhours of pumping
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours I HEREBY CERTIFY that the above statements are true to the best of Brad Filegund Of Pump Installer and License No. (if applicable)	Well yielded	_GPM with a drawdown ofhours of pumping
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours I HEREBY CERTIFY that the above statements are true to the best of Brad Filegundd 0290 Print Name of Pump Installer and License No. (if applicable) REECE	Well yielded	_GPM with a drawdown ofhours of pumping
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours I HEREBY CERTIFY that the above statements are true to the best of Brad Filegund Of Pump Installer and License No. (if applicable)	Well yielded	_GPM with a drawdown ofhours of pumping

4 - "

BY: OLWP