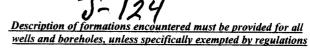
State V	Vell Report	
	Driller's Log	For Office Use Only:
Mississippi Departme	ent of Environmental Quality	Aquifer:
	and Water Resources	Well #: J-124
	Box 10631 MS 39289-0631	
() ((loog)961-5210	L. S. Elevation:
	54-6938 (fax)	E-log #:
State Law requires that this report be prepared by the li Department at the above address within 30 days of com	cense holder responsible for t	the work and filed with the
Information on Well Owner		orehole Location
(Landowner if borehole is not for a water well)	Latituda, 0	" T · · · · · · · · · · · · · · · · · ·
where Name_Perer Murchs		" Longitude: ' '
Tailing Address: FVAnK Rd	Method of Lat/Long (circle or	ne): Conventional Survey,
lanning Address	USGS quad, Hand-held	GPS, Survey-grade GPS
A ()		Twn 2N Rng 9E
City State Zip Code		
City State Zip Code	Distance Direction	of <u>Megnolik</u>
elephone No. ()		
Woll / Poy	rehole Data	
Action of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and develops to cogs run (circle all applicable): Note run Electric Gamma Ray		
Name of organization running log(s):	y Density Sonic Neutron	Other:
Purpose of borehole (check one): Water Well Geotechnical/Geo	ological Investigation Ground	Source Heat Pump
Seismic Survey Other (describ If drilling is not related to water well constructi	e)	ock
Purpose of Well (check one): Home Industrial Public Supp		
f a flowing well, method of flow regulation: Valve		
tatic Water Level: 82feet above or below (circle one)		
fethod of Measurement (circle one) steel tape electric tap		
Vell depth: 134 Well grouted to a depth of 10 feet Typ	be of grout (circle one). Neat Cem	Bentonite Mix
asing length: $124'$ feet Casing diameter: $4''$	inches Type of casing:	puc
creen length: <u>10</u> feet Screen diameter: <u>4''</u>	inches Type of screen:	Pic
creen slot size: <u>· O()</u> inches Setting depth: From .		
Sype of completion (circle all applicable):	erreamed Telescoped Open	nole Natural Development
ype of completion (circle all applicable): Aravel packed Under	erreamed Telescoped Open	

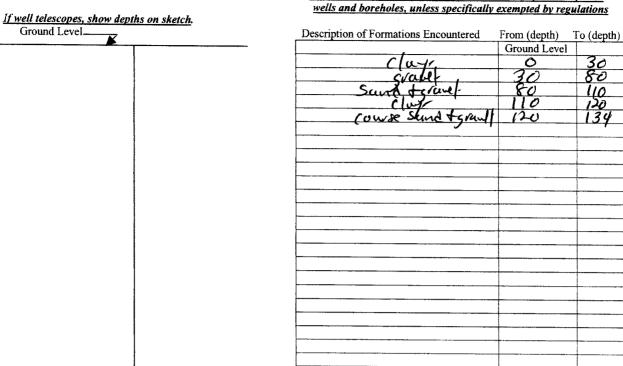
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The sketch below only required for water wells



50 80

110



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.	
Finnkird.	
Old Huy 24 Landowner Name: Peter Awets	

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

Date

laws. BIAN Fofzerald. 024. 4-14-05

loc

Print Name of Responsible Licensee and License No.

Signature of Licensee

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STATE V	VELL REPORT	
County: <u>Pince</u> Permit #: Driller: <u>FAZOVALA WIL</u> Gerrey Date completed: <u>Y-1Y-0S</u> Conv information from block on Part 1 This part of the report must be completed by a licensed water we report must be attached and both parts filed with the Department Well Owner Information Owner Name: <u>Parter</u> Much	Part 2 er's Completion Report nent of Environmental Quality dd and Water Resources D. Box 10631 . MS 39289-0631 D1)961-5210 354-6938 (fax) Il contractor or a licensed pump to t at the above address within 30 at We	For Office Use Only: Aquifer: Well #: J-124 Elevation: installer. A copy of Part 1 of the ays of well completion. I Location Longitude:
Mailing Address: <u>FrankRd</u> <u>Mognolia Mc</u> City State Zip Code Telephone No. ()		Nearest Town
Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Ci Diesel Engine Gasolin Electric Motor Hand	feet
Pump Test Data Date Well Tested:	Cin Air Line Electric Meas Other (specify): For flowing well, measured shu Well yielded	t in head:feet
HEREBY CERTIFY that the above statements are true to the best of BAA FA5evAllo 029. Print Name of Pump Installer and License No. (if applicable)	f my knowledge. <u>Buck Stype</u> Signature of Pump Inst	aller Form: OLWR-SWR-1B RECEI

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