State W	ell Report	
County Pitce Part 1-I	For Office Use Only:	
County: <u>Pitte</u> Permit #: Office of Land a	t of Environmental Quality Aquifer:	
Permit #: Office of Land a		
Driller: CC CLOIGIC COLORIT	Box 10631 Weil #: IS 39289-0631 L. S. Elevation:	
	961-5210	
(601)35	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.		
Information on Well Owner	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude:' Longitude:' "	
Owner Name Roma Hensley		
Mailing Address: 7130 Uniter Church Rd	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
macados ma	¹ /4 ¹ /4 Sec_ <u>18</u> Twn_ <u>21/_</u> Rng_ <u>9</u> E	
<u>Accendente</u> City State Zip Code	Distance Direction Nearest Town	
Telephone No. ()	Distance Direction Nearest Town Miles = 45f of//4	
Well / Borehole Data		
Date drilling started: $1 - 14 - 06$. Date drilling completed: $1 - 14 - 06$. Hole depth: 127 Hole diameter: $8''$		
Location of the source of any surface water used for drilling:		
Logs run (circle all applicable): for log run Electric Gamma Ray Density Sonic Neutron Other:		
Purpose of borehole (check one): Water Well <u>C</u> Geotechnical/Geological 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 <u>Industrial</u> Public Supply Irrigation Fish Culture Other:		
If a flowing well, method of flow regulation: Valve Other (describe)		
Static Water Level: 90^{-1} feet above or below (circle one) land surface Date measured: $1-19-06$		
Method of Measurement (circle one) teel tape electric tape air line other:		
Well depth: 122 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: $\underline{12^{-}}$ feet Casing diameter: $\underline{9^{\prime\prime\prime}}$ inches Type of casing: $\underline{9^{\prime\prime}}$		
Screen length: <u>lU</u> feet Screen diameter: <u>Y</u> inches Type of screen: <u>Puc</u>		
Screen slot size: <u>-012</u> inches Setting depth: From <u>117</u> feet to <u>122</u> feet		
Type of completion (circle all applicable): Grevel 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-14		

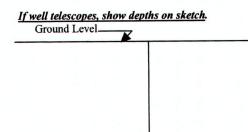
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The sketch below only required for water wells



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	
Aug 1	0	20
Sund farend	20	80
Sand	80	100
The send	100	110
Course sand force	110	127
Course sandy for		101

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.

under church Rd. E U helles @ & mebl Home, Landowner Name: Koma Hensley

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. Fifzfera 024 2-12-06. 304

Print Name of Responsible Licensee and License No.

Signature of Licensee

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STATE WELL REPORT		
County. Permit #: Permit #:	at the above address within 30 days of well completion. Well Location	
Owner Name: <u>Kome blensley</u> Mailing Address: <u>7130 Union Church RJ</u> , <u>Mas nobits</u> <u>MS</u> City State Zip Code Telephone No. ()	Latitude: Longitude: Method of Lat/Long (check one): Conventional Survey	
Pump Type Circle oneAir LiftJetSubmersibleBucketPistonTurbineCentrifugalRotaryFlowing WellOther (specify):Date Pump Installed:J-14-06Rated Pump Capacity:12Gallons Per Minute	Power Type Circle one Diesel Engine GasoNine Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):	
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Iteel Tape Other (specify):	
I HEREBY CERTIFY that the above statements are true to the best BIAD FATELOR DOG Print Name of Pump Installer and License No. (if applicable)	of my knowledge Beal Hyper Signature of Pump Installer	

Form: OLWR-SWR-1B

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