	State W	ell Report	E Office Use Onbu	
County: PKC	Part 1 – Driller's Log		For Office Use Only:	
County.	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Aquifer:	
Driller: J. C. Sum All	P.O. Box 2307 Jackson, MS 39225			
, · · <i>i</i>	(601)961- 5210		L. S. Elevation:	
Date drilling completed: $\frac{2/9/09}{}$	(601)961	1- 5228 (fax)	E-log #:	
State Law requires that this repor	t he nrenared by the lice	ense holder responsible for t	the work and filed with the	
Department at the above address	within 30 days of comp	letion of drilling of the well	or porenote.	
Information on Well (	)wner	Well or Bo	orehole Location	
(Landowner if borehole is not fo	or a water well)	Latitude: ° ,	" Longitude: " " "	
Owner Name LAKRY MA	E. 00		ne): Conventional Survey,	
Mailing Address: 1074 All	Ci hil		I GPS, Survey-grade GPS	
MAGNO	. 1 1/10		Twn / Rng 8E	
City Sta	te Zip Code	Distance Direction  Miles 56	Nearest Town	
Telephone No. (4-(7)) - 793 - (	lephone No. (40) - 783 - 0394 6 Miles 5E		or 11/4 G 22 C/1 24	
Well / Borehole Data				
Date drilling started: 2/9/69 Date drilling completed: 2/9/09 Hole depth: 145 Hole diameter: 7/2				
Location of the source of any surface water used for drilling: Vol 4B/4 149761  Method of dosing and volume of Chlorine used in drilling and development:				
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 Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe)  If drilling is not related to water well construction, skip the remainder of this block				
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: 90 feet above of below (circle one) land surface Date measured: 2/5/69				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: Well grouted to a depth of feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 135 feet Casing diameter: 4 inches Type of casing: PUC  Screen length: 10 feet Screen diameter: 4 inches Type of screen: PUC				
Screen length: / feet Screen diameter: / inches Type of screen: //				
Screen slot size:				
Type of completion (circle all applicable): Gravel 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

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I ne	sketch	below o	mıv	required	<i>101</i>	water 1	weus

If well telescopes, show depths on sketch. Ground LevelDescription 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	
Topsoil	0	/
		1 m
Stack, Clay		70
SANCE CLAY		
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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.
m47.10 (i.A
Diois est
Landowner Name: AAIVY MAS-Ex-
Form: OLWR-SWR-1A (04/08

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

Jers. 1.4/1 (1.011 Sex. 6-508 2/9/09 Print Name of Responsible Licensee and License No.

Signature of Licensee

BY: OLWR

## STATE WELL REPORT

## Part 2

Permit #:

Driller:

**Pump Installer's Completion Report** Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225

(601)961-5210 (601)961-5228 (fax)

For Office Use Only:		
Aquifer:		
well #: <u>L - 197</u>		
Elevation:		

Date completed: 2 Copy information from block on Part 1 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 Location **Well Owner Information** Owner Name: Arry MAGUE Latitude: Longitude: Method of Lat/Long (check one): Conventional Survey\_\_\_\_, Mailing Address: / USGS quad\_\_\_\_, Hand-held GPS\_\_\_, Survey-grade GPS\_\_\_ \_\_¼\_\_\_\_¼ Sec\_/2\_ T / R S City State Zip Code Distance Direction Nearest Town Telephone No. 601 783-6394 6 Miles 5E of MAGA 01 **Pump Type Power Type** Circle one Circle one Natural Gas Jet Submersible Diesel Engine Gasoline Engine Air Lift Electric Motor Hand **Tractor PTO** Bucket Piston Turbine Other (specify): \_\_\_\_ Windmill Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): Date Pump Installed: 2/9/09 Setting Depth: Gallons Per Minute Number of Stages: \_\_\_ Rated Pump Capacity: Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested:  $\frac{2/9/69}{}$ Steel Tape Air Line Electric Measuring Line Static Water Level (A): Feet Below Land Surface Other (specify): \_ Pumping Water Level (B): \_\_\_\_\_Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_feet Drawdown [(B) - (A)]: \_\_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_\_ Gallons Per Minute Well yielded / GPM with a drawdown of feet after hours of pumping Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.
Torday Well Scr. 0:308	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump installer

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