State V	Well Report
County: Reviss Part 1-	- Driller's Log For Office Use Only:
Mississippi Departm	ent of Environmental Quality Aquifer:
	and Water Resources D. Box 2307 Well #:
	on MS 39225
Date drilling completed: \$ 508 (60	1)961- 5210 L. S. Elevation:
(601)s	E-log #:
State Law requires that this report be prepared by the l	icense holder responsible for the work and filed with the
Department at the above address within 30 days of cor	
Information on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well)	Latitude:' Longitude:''
Owner Name Tony Smith	
10 Internation De	Method of Lat/Long (circle one): Conventional Survey,
Mailing Address: 108 Woodkidge DR	USGS quad, Hand-held GPS, Survey-grade GPS
Render 11/2 the Done	¼¼ Sec Twn_ <u>SS</u> Rng <u>7</u> E
Booneville MS 38829	Distance Direction Nearest Town
	Distance Direction Nearest Town, Miles of
Telephone No. (66) 720-/95/	
Wall / Pa	prehole Data
· · · · · · · · · · · · · · · · · · ·	•
Date drilling started: 7/3//08 Date drilling completed: 8/5	Hole depth: 165 Hole diameter: 7/18
•	•
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and dev	velopment: SIPM
.	
Logs run (circle all applicable): No log run Electric Gamma Ra	ay Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well	cological Investigation Ground Source Heat Pump
Salaria Surgery Other (dagan	· ·
Seismic SurveyOther (descri If drilling is not related to water well construct	tion, skip the remainder of this block
Purpose of Well (check one): Home <u>Industrial</u> Public Sup	plyIrrigationFish_CultureOther:
If a flowing well, method of flow regulation: Valve	Other (describe)
• • • • • • • • • • • • • • • • • • • •	
Static Water Level:feet above or below (circle one	e) land surface Date measured: 8/5/08
Method of Measurement (circle one) steel tape electric ta	pe air line other:
Well depth: 165_ Well grouted to a depth of 15_feet Ty	
Casing length:feet Casing diameter:	inches Type of casing:
	Dill
Screen length: <u>55</u> feet Screen diameter: <u>4</u>	inches Type of screen:
Screen slot size: , D/2 inches Setting depth: From	n_110feet_to16Sfeet
Type of completion (circle all applicable). Gravel packed Und	derreamed Telescoped Open hole Natural Development
Top of lap pipe or reduction in casing:feet. If	talesconed or more than one screen describe on next page
	telescoped of more mun one server, accentee on new pract
	Form: OLWR-SWR-1A (04/08

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RECEIVED SEP 0 9 2008 BY: OLWR

Ground Level Clant Samo SAND 20	A CONTRACT OF A	wells and boreholes, unless speci	In any exempted by regi	ulations
Image: Solution of earlies in the property dust may and in locating the well, 3) any constrained in the property dust may and in locating the well, 3) any constrained in the property dust may and in locating the well, and the property dust may and in locating the well, and the property dust may and in locating the well, and the property dust may and in locating the well, and the property dust may and in locating the property dust may and in locating the property dust may and in locating the well, and the property dust may and in locating the well, and the property dust may and in locating the property dust may and in locating the property dust may and in locating the well, and the property dust may and in locating the well, and the property dust may and in locating the well, and the property dust may and in locating theproperty dust may and in locating thepropert	Ground Level	Description of Formations Encounte	ered From (depth)	To (dept
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			*	
Form: OLWR-SW ertify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the	ndowner Name: <u>Jony SmiTh</u>		•	

Print Name of Responsible Licensee and License No. Date

Signature of Licensee

RECEIVED SEP 0 9 2008 **BY: OLWR**

	STATE WELL REPORT
County: PRONIESS	Part 2
Bormit #	Pump Installer's Completion Report For Office Use Only:
Driller: PARKS + PARKS	Office of Land and Water Resources Aquifer:
Date completed: 8/5/08	P.O. Box 2309 Jackson, MS 39225 (601)961-5210
Copy information from block on Part 1	(601)961-5228 (fax) Elevation:
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 ith the Department at the above address within 20 days for the department of the departme
Well Owner Information	ticensed water well contractor or a licensed pump installer. A copy of Part 1 of the ith the Department at the above address within 30 days of well completion.
	Well Location
Owner Name: Tany Smith	Latitude:Longitude:
Mailing Address: 108 Worder	Method of Lat/Long (check one): Conventional Survey,
\mathbf{P}	USGS quad, Hand-held GPS , Survey-grade GPS
City State	Zip Code 4 4 Sec 5 T 55 R 7E
	Distance Direction Nearest Town
Telephone No. (100-720-195/	
11-1	
Pump Type	
Circle one	Power Type Circle one
ir Lift Jet Sub	nersible
icket Piston Turb	Gasoline Engine Natural Gas
ntrifucal –	Hand Tractor PTO
her (specify):	
	Horse Power Rating of Motor: 3
ted Pump Installed:	Setting Depth:feet
ted Pump Capacity:Gallor	s Per Minute Number of Stages:
Pump Test Data	Mail N and
te Well Tested: 8/6/0 8	Method of Measuring Water Level Circle one
tic Water Level (A): 65 Feet Below	Land Surface Air Line Electric Measuring Line Steel Tape
nping Water Level (B):Feet Below I	
wdown [(B) – (A)]: Feet Below]	
t Pumping Rate:Gallons	feet
ration of Pump Test (minimum 4 hours):	
	hours feet afterhours of pumping
EREBY CERTIFY that the above statements are	true to the best of my knowledge
Auburn Marts a	
North of During 17 Mars ()-	THY () a Dun tia.
t Name of Pump Installer and License No. (if ap	blicable) Signature & Pump Installer

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