Sings-son
County:
Permit #: 0 - 586
Driller: JAMES WELLS
Date drilling completed: 11-17-09

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality Office of Land and Water Resources

For Office Use Only:
Aquifer: N 52
Aquifer:
Well #:
L. S. Elevation:
E-log #:

P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax) 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. Well or Borehole Location Information on Well Owner (Landowner if borehole is not for a water well) Longitude 40 · 0 · 10 " Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS NE 1/2 N W 1/2 Sec 34 Twn 101/2 Rng 201/2 stance Direction

Miles Security of Zip Code State 7-2655 Telephone No. (Well / Borehole Data Date drilling started: 11-67-69 Date drilling completed: 17-17-09 Hole depth: 380 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 Ray Density Sonic Neutron Other: Name of organization running log(s): Geotechnical/Geological Investigation___ Ground Source Heat Pump___ Purpose of borehole (check one): Water Well_ Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block Purpose of Well (check one): Home ___ Industrial Public Supply __ Irrigation ___ Fish Culture ___ Other: ____ If a flowing well, method of flow regulation: Valve _____ Other (describe) Date measured:_ 11-17-()9 Static Water Level: 220 feet above of below circle one) land surface Method of Measurement (circle one) steel tape electric tape Well depth: 380 Well grouted to a depth of 10 feet Type of grout (circle one); (Neat Cement) Bentonite Casing length: 350 feet Type of casing: inches Casing diameter: Screen length: 30 feet inches Type of screen: Screen diameter: Screen slot size: .008 350 feet to Setting depth: From _ inches Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): feet. If telescoped or more than one screen, describe on next page Top of lap pipe or reduction in casing: ___

Form: OLWR-SWR-1A (04/08)



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

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. Ny 43 Shayus Prince Landowner Name: Zwe Clark Form: OLWR-SWR-1A (04/08) The structure of Health regulations, if applicable, and state well ississispip Department of Health regulations, if applicable, and state well. The structure of Health regulations, if applicable, and state well. The structure of Health regulations, if applicable, and state well. The structure of Health regulations, if applicable, and state well. The structure of Health regulations, if applicable, and state well.	If well telescopes, show depths on sketch. Ground Level	Description of Formations Encountered		To (depth)
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The sketch below only required for water wells

STATE WELL REPORT				
Permit #: Mississippi Departmen Driller: JAME 5 WEUS Date completed:/ 1 7 - 0 9 Copy information from block on Part 1 Pump Installer's Mississippi Departmen Office of Land a P.O. Jackson (601)	For Office Use Only: Aquifer: N 5 2 Aquifer: N 5 2 Well #: Elevation: Elevation:			
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department a Well Owner Information Owner Name: D 2 7 5	Latitude: Longitude: Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS '4			
Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: 1 - 1 7 - 0 9 Rated Pump Capacity: 4 Gallons Per Minute	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): Horse Power Rating of Motor: Setting Depth: 280 feet Number of Stages: 13			
Pump Test Data Date Well Tested: // -/ > 0 9 Static Water Level (A): ZZO Feet Below Land Surface Pumping Water Level (B): ZSO Feet Below Land Surface Drawdown [(B) - (A)]: ZSO Feet Below Land Surface Test Pumping Rate: SGallons Per Minute Duration of Pump Test (minimum 4 hours): hours	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): For flowing well, measured shut in head: Well yielded GPM with a drawdown of hours of pumping			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

TAMES VELLS 0-586

Print Name of Pump Installer and License No. (if applicable)

Signature Signature of Pump Installer
Form: OLWR-SWR-1B (04/08)

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