County: Simpson	Part 1 - I	Driller's Log	For Office Use American	
	Mississippi Departmer	nt of Environmental Quality	Aquifer: Q 70	
Permit #: 0 - 586	Office of Land and Water Resources		Well #:	
Driller: JAMES WELLS	P.O. Box 2309 Jackson, MS 39225			
Date drilling completed: 10-8.09	(601)961- 5210		L. S. Elevation:	
Date withing completed.	(601)961- 5228 (fax)		E-log #:	
State Law requires that this repor	t be prepared by the lic	ense holder responsible for t	he work and filed with the	
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			rehole Location	
(Landowner if borehole is not for a water well)		Latitude: 31 . 52 . 09	" Longitude: 89 ° 44, 20",	
Owner Name Twin Hillside tarms		1		
Mailing Address: 124 Asape Ln.		Method of Lat/Long (circle or		
		USGS quad, Hand-held	GPS, Survey-grade GPS 17W	
# 2 Mage MS 39111		FR 1/ IR 1/2 Sec Ho	5 Twn 10N Rng 6E	
City Stat	te Zip Code	Distance Direction	Nearest Town	
	•	Distance Direction Miles	of Magee	
Telephone No. ()	of the late to		J	
Well / Borehole Data				
Date drilling started: 10.809 Date drilling completed: 10.809 Hole depth: 80 Hole diameter: 7/2				
Location of the source of any surface water used for drilling: WCACT WELL Method of dosing and volume of Chlorine used in drilling and development: 5 hock				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well X 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): Home Industrial Public Supply Irrigation Fish Culture Other: Chicken house				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above of below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 8D Well grouted to a depth of Defect Type of grout (circle one); Neat Cement Bentonite Mix				
Casing length: 50 feet Casing diameter: 4 inches Type of casing: 600				
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC				
Screen slot size: .008 inches Setting depth: From 50 feet to 80 feet				
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

State Well Report

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

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

Signature of Licensee

•	$\varphi \cdot \gamma \delta$	
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	
If well telescopes, show depths on sketch.	Description of Formations Encountered From (depth) To (dept	h١
Ground Level	Description of Formations Encountered From (depth) To (depth) Ground Level	11)
	TOST, Glound Level	
	COOC 45 80	
	5and 42 80	-
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ļ		
If more than one screen, show location of each on ske		_
Sketch the property layout and include the following: 1) th	ne 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.		
		}
2	X	
/		-

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

Hwy 49 North

JAMES WELLS 0-586

Print Name of Responsible Licensee and License No.

STATE WELL REPORT Part 2 County: Simpson For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 2309 Date completed: 10-8-09 Well #: Jackson, MS 39225 (601)961-5210 Elevation: (601)961-5228 (fax) 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 Latitude:_ Longitude: Method of Lat/Long (check one): Conventional Survey___ Mailing Address: USGS quad . Hand-held GPS ... Survey-grade GPS ... Distance Direction Nearest Town Telephone No. (_ Power Type **Pump Type** Circle one Circle one Gasoline Engine Natural Gas Submersible Diesel Engine Air Lift Jet Electric Moto Hand Tractor PTO Bucket Piston Turbine Flowing Well Windmill Other (specify): Centrifugal Rotary Horse Power Rating of Motor: Other (specify): _ Date Pump Installed: Setting Depth: Number of Stages: Rated Pump Capacity: Gallons Per Minute Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 10-6-6-09 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: ___ Drawdown [(B) - (A)]: Feet Below Land Surface Well yielded GPM with a drawdown of Gallons Per Minute Test Pumping Rate: hours of pumping Duration of Pump Test (minimum 4 hours):

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
JAMES NEWS 0.586	James Walls
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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