State	e Well Report	For Office Use Only:		
Tallahatahi Part 1	Driller's Log	į.		
County: Mississippi Depar	tment of Environmental Quality	Aquifer:		
	and and Water Resources 2.O. Box 10631	Well #:		
	on, MS 39289-0631	L. S. Elevation:		
	(601)961-5210			
Date drining completed. ————————————————————————————————————	1)354-6938 (fax)	E-log #:		
State Law requires that this report be prepared by the Department at the above address within 30 days of	State Law requires that this report be prepared by the license holder responsible for the work and filed with the			
Information on Well Owner	AACTI OLD	TO CHOIC BOOLES		
(Landowner if borehole is not for a water well)	Latitude: 40° Olo, 46	" Longitude 33 ° 58 ' 802"		
Owner Name heath Mill	Method of Lat/Long (circle o	3 Communicational Surgery 48		
Mailing Address: 222 Fisher Rd.	Method of Lat/Long (curcle o	ne): Conventional Survey,		
Mailing Address: October 15 2 101.	USGS quad, Hand-hele	i GPS, Survey-grade GPS		
	3 SW 1/4 NW/4 Sec_ 3	1-24/200		
Windra MS 3896	7 JW 1/4 Sec_	I WILL IN INITIAL INIT		
City State Zip Code	Distance Direction	Nearest Town		
City	Miles	of		
Telephone No. (1102) 458-5815				
<u> </u>	/ Borehole Data			
Date drilling started: Say Date drilling completed:	SAN/W IT-In double 180	Hole diameter: Q4		
Date drilling started: Date drilling completed:	Pr la	Tiolo didirector		
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling an	•			
Logs run (circle all applicable) No log run Electric Gamma Name of organization running log(s):	na Ray Density Sonic Neutron	Other:		
· I	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): Home Industrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static water Level.				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: Well grouted to a depth ofteet Type of grout (check only). First, or a second of the check only). First, or a second of the check only in the check only in the check of the check only in the check of th				
Casing length: 80 feet Casing diameter: inches Type of casing: PVC inches Type of screen:				
Screen length:				
Screen slot size:inches Setting depth: From Societt to				
Type of completion (circle all applicable)! Gravel packed	Onderreamed Telescoped Of	out note I tacate be to pro-		

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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Form: OLWR-SWR-1A

JUN 0 9 2008

BY: OLWR

The sketch below only required for water wells		<u>Description of formations encountered must be provided for a wells and boreholes, unless specifically exempted by regulation</u>			
If well telescopes, show depths on sketch.			•		
Ground Level	Description of Formations Encountered	From (depth)	To (depth)		

Sand (TopSail)	Ground Level	10
Saka Clopson)		10
Fine Sand	18	31
Carse Sand	31	54
Coarse Sand : Gravel	54	117
Cumbo		100
	 	

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 paid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and anoth arrow.	perty and the well;
Hwy35	
Blue Grange Rd	
new Huy 30	
Landowner Name:	Form: OLWR-SWR-1/

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

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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BY: OLWR

	STATE WELL REPORT
county: Tallahatchi	Part 2
0010	Pump Installer's Completion Report
ermit #: U368	Mississippi Department of Environmental Qu

For Office Use Only:

Aquifer:

Dinici. Occ Sairy		Box 10631		1-100
Date completed:	•	MS 39289-0631	Well #	L-103
Copy information from block on Part 1	(601)961-5210 (601)354-6938 (fax)		Elevati	on:
This part of the report must be completed be report must be attached and both parts file	y a licensed water well d with the Denartment	contractor or a license	ed pump installer.	A copy of Part 1 of the
Well Owner Informati		The moore man egg in	Well Locatio	
Owner Name: Heath Hil		Latitude: 40° 06' 467" Longitude: 33° 58' 800"		
Mailing Address: 220 Fish	er Rd	Method of Lat/Long	(check one): Conv	entional Survey
		USGS quad F	land_held GDS	Survey-grade GPS
City State	S 38967 Zip Code	1/41/4		-
City State	Zip Code	Distance Di	rection Near	est Town
Telephone No. (66) 458-581	S			
Pump Type			D	
Circle one			Power Type Circle one	
Air Lift Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):		Horse Power Rating	of Motor: 80)
Date Pump Installed:		Setting Depth:		
Rated Pump Capacity: 1700	allons Per Minute	Number of Stages:	3	
Pump Test Data		Metho	od of Measuring W	Vater Level
Date Well Tested: 5/27/09	~	Wedn	Circle one	rater Level
1.5		Air Line Elec	tric Measuring Lin	e Steel Tape
Static Water Level (A):Feet B	t Below Land Surface			
Pumping Water Level (B):SFeet Be	low Land Surface	o diet (apoetty).		
Drawdown [(B) – (A)]:S Feet Bo	elow Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:G	allons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	hours	fee	t after	hours of pumping

I HEDEDY CERTIEV that the above statement	sta ann tour to the 1			

JUN 0 9 2008

BY: OLWR