	3	ch report	For Office Use Only:		
County allahatchia		Oriller's Log			
	Mississippi Departmer	Mississippi Department of Environmental Quality			
Permit #: 6W43799	Office of Land and Water Resources		Aquifer:		
	P.O.	Box 2309	Well#:		
Driller Cook Dailling Co., ma.	Jacksor	Jackson, MS 39225			
	(601)	961- 5210	L. S. Elevation:		
Date drilling completed: 12-17-09	(601)961- 5228 (fax)		_		
	1		E-log #:		
State Law requires that this repor	rt be prepared by the lic	ense holder responsible for i	the 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 C					
(Landowner if borehole is not for a water well)					
		Latitude: 33. 16.150	"Mangitude 910 at. 120		
Owner Name Hamp Little		5/2 50	201 3C		
Owner Name / Corp of Corp		Method of Lat/Long (circle of	"Longitude: 90° 06 2479, 04 35 ae): Conventional Survey,		
Mailing Address: 66 Shooke Rd.		Wichiod of LawLong (check of	ic). Conventional Survey,		
Mailing Address: 60 Dylo D No		LISCS and Handhald	CDC Survey and CDC		
		USGS quad, Hand-held GPS, Survey-grade GPS			
<u> </u>		SE 1 NW Sec_ 15	THE DANIES LE		
Charleston Mx 29921		35 4 2 4 4 38C 13	I WII & TIV KIIB		
Charleston M.S. 38921 City State Zin Code		Distance Dissertes	Nos		
		Distance Differential	of Charator ms		
Telephone No. (662) 647-389	1 1	1 -1 - Miles	or Char 2001 M		
retephone No. (DOA) 01124					
	Well / Bore	holo Deta			
Ac.	Well / Dore	noic Data			
Day 4-91	::::	1000	17-10 diameter 7.2		
Date drilling started: Dec 17 Date drilling completed: Dec, 12 Hole depth: 100 Hole diameter. 22					
Location of the source of any surface water used for drilling:					
Method of dosing and volume of Chlorine used in drilling and development:					
Logo van (girale all gardigehle): No log van Flootrig Comma Port Density Comia Mayeron Other					
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s):					
Property of the state (check and West Well Constant (Contain University Contain Contain University Contain Contain University Contain					
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump					
Colomic Consum. Colomic Colomi					
Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block					
	to water well construction	n, skip ine remainaer of this bu	pex		
Daniel CHARLES AND House	advanist Dati Const	Fish Culture	Oak		
Purpose of Well (check one): Home	ndustriai Public Supply	rish Culture	Other:		
If a flowing well, method of flow regulation: Valve Other (describe)					
24 21 22 22 22 22 22 22 22 22 22 22 22 22					
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 12-17-05					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix 4					
went debut. 190 went grounds to a debut of 100 reet 190e of groun (circle one): Near Centent Demonths MIX 3					
Casing length: 70 feet Casing diameter: 10 inches Type of casing: 10 C					
Casing icinguit. 10 inches Type of casing: 10 inches					
Screen length: 30 feet Screen	en diameter / /	inches Type of screen	PWI		

Setting depth: From

Other (describe):

Gravel packed Underreamed Telescoped Open hole

Screen slot size: 30 inches

Type of completion (circle all applicable):

Top of lap pipe or reduction in casing:

State Well Report

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

Natural Development

feet to 100

fect. If telescoped or more than one screen, describe on next page

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

If well telescopes, show depths on sketch. Ground Level	Description of Formations Encountered		To (depth)
	15 rack	Ground Level	12
	Plax	12	78
	Surget glove	70	100
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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 narmanent etructures on the	property that may	,
aid in locating the well; 3) any roads, power kines,	or other items that may aid in locating the pro	property that may	1:
A) a north arrow	Л	porty and are we	"
4) a norm arow.	`		
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$\mathcal{H}_{\mathcal{I}}$.	<u> </u>		
<i>1</i> / \	水 ∖		

Landowner Name: Hamp Little

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

laws.

Cook DLilling Mc 289

Print Name of Responsible Licensee and License No.

The sketch below only required for water wells

12-1709

Signature of Licensee

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STATE WELL REPORT

Part 2 For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources Driller: Cook Dulling P.O. Box 2309 Well#: Jackson, MS 39225 Date completed: /2-17-09 (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: 5 66+58 Longitude: 90 of 56 58 04 Method of Lat/Long (check one): Conventional Surve Mailing Address: 6 6 USGS quad____, Hand-held GPS___, Survey-grade GPS_ 5E 1/NW 1/2 Sec 15 T 24N R 2E Direction Telephone No. (662) 647-3 891 Miles 5 of Chrohaton **Power Type** Pump Type Circle one Circle one Gasoline Engine Natural Gas Diesel Engine Submersible Air Lift Jet Tractor PTO Turbine) Electric Motor Hand Piston Bucket Windmill Other (specify): _ Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): ___ Date Pump Installed: 12 - 17-09 SO feet Setting Depth: Rated Pump Capacity: 6 00 Gallons Per Minute Number of Stages: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: Electric Measuring Line Air Line Static Water Level (A): 20 Feet Below Land Surface Other (specify): Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: ______Feet Below Land Surface For flowing well, measured shut in head: Well yielded GPM with a drawdown of Test Pumping Rate: ______ Gallons Per Minute feet after 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 Print Name of Pump Installer and License No. (if applicable) Signature of P

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