Stat	e Well Report		
l	1 - Driller's Log		
County: Mississippi Depar	rtment of Environmental Quality Aquifer:		
	and and Water Resources Well #: B-182		
Driller: Janes w. Mosa	P.O. Box 10631		
1 Jacks	on, MS 39289-0631 L. S. Elevation:		
	(601)961-5210		
(60	01)354-6938 (fax) E-log#:		
State Law requires that this report be prepared by to Department at the above address within 30 days of	he license holder responsible for the work and filed with the completion of drilling of the well or borehole.		
Information on Well Owner	Well or Borehole Location		
(Landowner if borehole is not for a water well)	34 . 44 . 214"		
Owner Name Dorlene Mitchell	Latitude: 34 . 44 . 214" Longitude: 89 . 53 . 650"		
	Method of Lat/Long (circle one): Conventional Survey.		
Mailing Address: 676 Mosser 18.			
	USGS quad Hand-held GPS Survey-grade GPS		
	5w 1/NE 1/2 Sec 13 Twn 75 Rng 7w		
City State Zip Code	-		
City State Zip Code	Distance Direction Nearest Town O'Miles 5い of gings hill		
Telephone No. (467) 292-2474	antimiles) w of gings will		
Telephone Ivo.			
Well / Borehole Data			
6-33-07	Alana Haladamth //(\) Haladiamatan 63/4		
Date drilling started: Date drilling completed: 6-32-07 Hole depth: (10) Hole diameter: 63/4			
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):			
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:feet above of below (wircle one) land surface Date measured:			
Method of Measurement (circle one) steel tape electric tape air line other: 5tring lucisuh			
Well depth: 10 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 100 feet Casing diameter:inches Type of casing:			
Screen length: 10 feet Screen diameter: 1 inches Type of screen: 10			
Screen slot size:O_I_Oinches			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe): A			

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

Top of lap pipe or reduction in casing:

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POM: OLWR-SWR-1A

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level-

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

Description of Formations Encountered		To (depth)
clay dert	Ground Level	10
Cley dist	(0	30
white Sourd	30	110
1-110		

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.	
$oldsymbol{\mathcal{N}}$	
house	
5 / §	
Landowner Name: Darlene Mitchell	

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.

Print Name of Responsible Licensee and License No.

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BY. OLWA

STATE WELL REPORT Part 2 County: For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources Driller: Janes w. Masa P.O. Box 10631 Jackson, MS 39289-0631 Well #: Date completed: 6-22-07 (601)961-5210 Elevation: (601)354-6938 (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: 34.44. 214 Longitude: 89.53-650 Owner Name: () orlesse Mitchell Mailing Address: 676 mssey Method of Lat/Long (check one): Conventional Survey, USGS quad , Hand-held GPS , Survey-grade GPS SW "NE " Sec 13 T 45 R 7W Distance Direction Nearest Town Telephone No. (662) 292-2474 214 Miles Sw of ginger hill Power Type Pump Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Electric Motor Tractor PTO **Bucket** Piston Turbine Hand Windmill Other (specify): Centrifugal Flowing Well Rotary 314 Horse Power Rating of Motor: Other (specify): 6-22-07 feet Date Pump Installed: Setting Depth: 12 Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one 6-33-07 Date Well Tested: Electric Measuring Line Air Line Steel Tape Static Water Level (A): Feet Below Land Surface String Luciont Other (specify): Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: _______ For flowing well, measured shut in head: Feet Below Land Surface 12 Test Pumping Rate: GPM with a drawdown of Well vielded Gallons Per Minute 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. Jones un Mason

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

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Signature of Pump Installer