State W	ell Report	T OT III OTH
County: Tote Part 1 - I	Priller's Log	For Office Use Only:
Mississippi Departmen	t of Environmental Quality	Aquifer:
l	and Water Resources Box 10631	Well #: C - 218
Driller KVAS CO. ( CS)	1S 39289-0631	L. S. Elevation:
·	961-5210	
(601)35	4-6938 (fax)	E-log #:
State Law requires that this report be prepared by the lice.  Department at the above address within 30 days of comp	ense holder responsible for t oletion of drilling of the well	the work and filed with the or borehole.
Information on Well Owner		orehole Location
(Landowner if borehole is not for a water well)	Latitude: 34 · 42 · 40	
Owner Name Crockett Williams		
Mailing Address: 1900 Indepence od	Method of Lat/Long (circle or	ne): Conventional Survey,
Maining Address: 1 (OO 1, add peocle . d.		GPS Survey-grade GPS
T 1 2 1 201.38	NE 1/2 SE 1/2 Sec 0	7 Twn 45 Rng Gw
Tridependence MS 38638 City State Zip Code	Distance Direction	Nearest Town
001 / 2/ 2050	Miles NW	of Independence
Telephone No. 201 624-3950		,
Well / Bore		
Date drilling started: 9-3-05 Date drilling completed: 9-3-0	5 Hole depth: 155'	Hole diameter: 8'
Location of the source of any surface water used for drilling:  Method of dosing and volume of Chlorine used in drilling and deve	<i>4</i> ر	
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s): NA	Density Sonic Neutron	
Purpose of borehole (check one): Water Well Geotechnical/Geol	logical Investigation Ground	d Source Heat PumpRECEIV
Seismic Survey Other (describe	e) on, skip the remainder of this b	JEP 3 h
Purpose of Well (check one): Home Industrial Public Suppl		Other: BY: OL W
If a flowing well, method of flow regulation: Valve		· · · · · · · · · · · · · · · · · · ·
Static Water Level:feet above or below (gircle one)		
Method of Measurement (circle one) steel tape electric tape		tringlaziont
Well depth: 155 Well grouted to a depth of 10 feet Typ		
Casing length: 145 feet Casing diameter: 4		•
Screen length: 10 feet Screen diameter: 4		· ·
	145 feet to	
Type of completion (circle all applicable): Gravel packed Inde	-	n hole Natural Development
Other (describe):	)A	

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

Form: OLWR-SWR-1A

Top of lap pipe or reduction in casing:

The sketch	below o	onlv	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	From (depth)	To (depth)
clay dict	Ground Level	15
(ed Soud	15	35
inhite soud	35	76
white clay	70	75
sulvite soud	75	155
•		
	"	
	1	

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location aid in locating the well; 3) any roads, power lines, or other i	tame that may aid in locating the property and the Well.
4) a north arrow.	W RECEIVE
(Nouse Shop)	RECEIVEL SEP 3 0 2005 BY: OLWR
Landowner Name: Crocket Williams.	~
Landowner Name:	Form: OLWR-SWR-1A

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

Joses W. Moson 0-630	9-25-05	Jans w. Man-
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

	SIAIE WE	LL REPORT		
County: Tate		art 2	For Office Use	Only:
-	Pump Installer's	Completion Report		,
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:	
Driller: Jones W. Mason	P.O. Box 10631		Well #: C-21	₹
Date completed: 9-3-05	,	IS 39289-0631 961-5210	-	
Copy information from block on Part 1	,	4-6938 (fax)	Elevation:	
This part of the report must be completed report must be attached and both parts fil	by a licensed water well c ed with the Department a	ontractor or a licensed pum t the above address within 3	p installer. A copy of Pa days of well completion	rt 1 of the
Well Owner Informat		V	Vell Location	
Owner Name: Crockett wi	llians	Latitude: <u>34· 년 ) 년 ( 8</u>	Longitude: <u>89, 4</u>	<u> १. ४५।</u>
Mailing Address: 1900 Ind.	<i>(q.</i>	Method of Lat/Long (check		
		USGS quad, Hand-h	eld GPS 🗾, Survey-grad	le GPS
Independence M City State	S Zin Code	NE 1/3E 1/4 Sec_	7 T 45 R 6	مرد)
		Distance Direction	n Nearest Town	
Telephone No. <u>901</u> 6 76 - 30	150	Miles Nes	of Indepence	
D T			Power Type	
Pump Type Circle one			Circle one	
Air Lift Jet	Submersible	Diesel Engine Gas	oline Engine Na	atural Gas
Bucket Piston	Turbine	Electric Motor Han	nd Tra	actor PTO
Centrifugal Rotary	Flowing Well		ner (specify):	
Other (specify):		Horse Power Rating of Mo		
Date Pump Installed: 9 - 3 - 05	<del></del>	Setting Depth:	100 feet	SEP 30
Rated Pump Capacity: t 8	_Gallons Per Minute	Number of Stages:	14 B	Y: OL
Dumn Tost Data		Method of	Measuring Water Level	- · UL
Pump Test Data		Michiga of	Circle one	
Date Well Tested: 9-3-05	····	Air I ing Electric 1	Measuring Line Ste	el Tape
Static Water Level (A): 70 Fee	t Below Land Surface	ł		or rapo
	Below Land Surface	Other (specify):	ig / weight	
•	t Below Land Surface	For flowing well, measure	ed shut in head:	feet
Test Pumping Rate:	_Gallons Per Minute	Well yielded1 &	GPM with a drawd	own of
Duration of Pump Test (minimum 4 hours)	): <u>24</u> hours	Peet after	er <u> </u>	of pumping
I HEREBY CERTIFY that the above state	ments are true to the best of	of my knowledge.		
~		Geno N	Don	
Jones W. Moson.	No. (if annlicable)	Signature of Dum	p Installer	
Print Name of Pump Installer and License	140. (II applicable)	· Signature of Full	ip aiduitei	

Form: OLWR-SWR-1B