	Well Report	For Office Use Only:
County: Tate Part 1 -	Driller's Log	For Office Use Omy:
Mississippi Departme	ent of Environmental Quality	Aquifer:
Permit #: Office of Land	and Water Resources	Well #: (- 14)
Driller Science Communication	Box 10631	wen#:
Jackson,	MS 39289-0631	L. S. Elevation:
	1)961-5210	
(601)3	54-6938 (fax)	E-log #:
State Law requires that this report be prepared by the la Department at the above address within 30 days of con		
Information on Well Owner	Well or Bo	orehole Location
(Landowner if borehole is not for a water well)	34 , 44 , 304	5" 1 89 . 48 . 7 mg "
Owner Name Corlos Nicto	Latitude:	Longitude: 61 10 00
	Method of Lat/Long (circle or	2" Longitude: 89 · 48 · 218" ne): Conventional Survey, 43
Mailing Address: 8350 Hay 305		
	USGS quad, Hand-held	GPS Survey-grade GPS
	NE VNE V See 15	
1.14 Jac Ms 38618	100 % 10 1 % Sec · 3	_ IWII 13 RIIg COC
(vidusater MS 38618 City State Zip Code	Distance Direction	Nearest Town
		of New Gorden
Telephone No. (901) 833.7793		
Wall / Da	mahala Data	
	rehole Data	
Date drilling started: 10-30-06 Date drilling completed: 10-3	0-06 Hole depth: 155	Hole diameter: 6314
Location of the source of any surface water used for drilling:	Α	
Method of dosing and volume of Chlorine used in drilling and de-	velopment: کے	
Logs run (circle all applicable) No log run Electric Gamma Ra Name of organization running log(s):		Other: RECEIV
Purpose of borehole (check one): Water Well Geotechnical/Ge	cological Investigation Ground	d Source Heat Pump <u>NO</u> V 2 1 200
Seismic Survey Other (descri	be)	BY: OLW
If drilling is not related to water well construct	tion, skip the remainder of this bi	ock <u>Ly</u>
Purpose of Well (check one): Home Mone Industrial Public Supp	ply Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation: Valve PA	Other (describe)	

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Casing length: 135 feet Casing diameter:

steel tape

Static Water Level:

Method of Measurement (circle one)

Screen length: O feet

Screen slot size: ___, O (O __inches

Top of lap pipe or reduction in casing:

Type of screen: PUC Screen diameter: 4 ___inches Setting depth: From 135 feet to 155 feet Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): NA PA feet. If telescoped or more than one screen, describe on next page

other: String I weight

Type of casing: $\rho \lor C$

feet above of below (circle one) land surface Date measured: 11 - 9 - 06

air line

inches

electric tape

Well depth: 155 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Form: OLWR-SWR-1A

The sketch below only required for water wells

<u>eus</u>

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

Description of Formations Encountered From (depth) To (depth) Cloy dirt Ground Level 38 Cloy dirt Ground Level 38 Cloy dirt Swd 40 White Sleet 80 Cloy dirt Swd 55 White Swd 55 White Swd 65 W	<u>If well telescopes, show depths on sketch.</u>		= (1 (1)	m. (14h)
Cloydid Ground Level 38 Cloydid 4:0 30 White sad 40 30 White sley 80 85	Crewnd I aval			To (depth)
13 08 cled 80 82 mm		cloydist		9g
white clay 80 85			3.6	40
white clay 80 c3		white soud	40	
Mrite sand 85 155		white clay	80	85
			85	155
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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 local aid in locating the well; 3) any roads, power lines, or ot 4) a north arrow. Bor ~	ation; 2) any permanent structures on ther items that may aid in locating the work of the structures on the items that may aid in locating the work of the structures on the items that may aid in locating the work of the items that may aid in locating the work of the items that may aid in locating the work of the items that may aid in locating the work of the items that may aid in locating the work of the items that may aid in locating the work of the items that may aid in locating the work of the items that may aid in locating the work of the items that may aid in locating the work of the items that may aid in locating the work of the items that may aid in locating the work of the items that may aid in locating the work of the items that may aid in locating the work of the items that may aid in locating the work of the items that may are also in locating the work of the items that may are also in locating the work of the items that may are also in locating the work of the items that may are also in locating the work of the items that may be also in the items that the items that may be also in the items that the items that may be also in the items that the items that may be also in the items that the it	RECEIVED NOV 2 1 2006 BY: OLWR
Landowner Name: Corlos Nieto		

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

laws.		_	
Jones W. Meson 0-63	0 11-16.06	Gos w. Mira	
Print Name of Desponsible I icensee and Licensee	se No. Date	Signature of Licensee	

STATE WELL REPORT Part 2

County: Tote

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210

For Office Use Only:		
Aquifer:		
Well #:	0-249	

Permit #: Driller: Joses W. Mason Date completed: 11- 9-06 (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 Owner Information Well Location Latitude: 34, 44, 347 Longitude: 89, 48. 718 Owner Name Corlos Nieto Method of Lat/Long (check one): Conventional Survey____, Mailing Address: 8350 Hour USGS quad , Hand-held GPS , Survey-grade GPS NE 1/NE 1/Sec 15 T 45 R 6W coldwoter Direction Nearest Town Distance Miles Sw of New garden Telephone No. (501) 833-7793 Pump Type **Power Type** Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Air Lift Jet Submersible) **Tractor PTO** Electric Motor Hand Bucket Piston Turbine Windmill Other (specify): Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): Date Pump Installed: 11 - 9 - 06 120 Setting Depth: Rated Pump Capacity: 12 Number of Stages: Gallons Per Minute Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 11-9-06 Electric Measuring Line Steel Tape Air Line Static Water Level (A): 85 Feet Below Land Surface Other (specify): String weight Pumping Water Level (B): N Feet Below Land Surface For flowing well, measured shut in head: _________ Drawdown [(B) – (A)]: 1/A Feet Below Land Surface Test Pumping Rate: () GPM with a drawdown of Gallons Per Minute Well yielded Duration of Pump Test (minimum 4 hours): 34 hours feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best o	of my knowledge.	
Jones W. Mason (1-620	Jans W. Moon	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Form: OLWR-SWR-1B