State Well Report					
County: Total Part 1 -	Driller's Log	For Office Use Only:			
Mississippi Departme	ent of Environmental Quality	Aquifer:			
	and Water Resources	well #: C-268			
Driller 10- as tal (V to S-A)	Box 10631				
Jackson,	MS 39289-0631	L. S. Elevation:			
· · · · · · · · · · · · · · · · · · ·	1)961-5210 54-6938 (fax)	E 100 #1			
(001)3	34-0938 (lax)	E-log #:			
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 Owner		rehole Location			
(Landowner if borehole is not for a water well)	Tatitudo: 34 o 4 0 ,646	." Langituda: 89 . 48, 344			
Owner Name Dovid Shakkford	Latitude 1 7 3	Longitude.			
<u> </u>	Method of Lat/Long (circle or	Longitude: 89 · 48, 344  The): Conventional Survey,			
Mailing Address 43 workefeild d.	·	GPS Survey-grade GPS			
201 18	<u> </u>	Twn 4s Rng 6w			
City State Zip Code					
1	Distance Direction  Miles	Nearest Town			
Telephone No. (66) 429 - 4407		or traces of Gen			
337.II / D					
	rehole Data				
Date drilling started: $9-30-0$ Date drilling completed: $9-30$	-07 Hole depth: 120	Hole diameter: 6 3/4			
Location of the source of any surface water used for drilling:	NA elopment: NA				
Logs run (circle all applicable) No log run Electric Gamma Ra Name of organization running log(s):	y Density Sonic Neutron	Other:			
Purpose of borehole (check one): Water Well Geotechnical/Geo	ological Investigation Ground	Source Heat Pump			
Seismic Survey Other (describe) N 4.					
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: 34 feet above of below circle one) land surface Date measured: 10-4-07					
Method of Measurement (circle one) steel tape electric tape air line other: String (uneignt.					
Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 100 feet Casing diameter: 4 inches Type of casing: psc					
Screen length: 20 feet Screen diameter: 4	inches Type of screen:	Puc			
Screen slot size:, Olo _inches Setting depth: From 100feet to(30feet					
Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					

Top of lap pipe or reduction in casing: \_\_\_\_\_\_ feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

The sketch	below	only	required	for	water	<u>wells</u>

If well telescopes,	show	depths	on	sketch.
Ground Level.		<del>,</del>		

## <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)	Γο (depth)
cley diff.	Ground Level	.30
	20	45
gravel Twickle Clay white Soud	45	<u> </u>
white Soud	90	120
	ļ	
		ļ
	<del> </del>	
		<del> </del>
		<del>                                     </del>
	<del>                                     </del>	
	-	-
		<del> </del>
	+	<del> </del>

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 proper aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the proper 4) a north arrow.	reperty that may rty and the well;
$\mathcal{N}$	
W house	E
Nouse	
well	
ج ﴿	
Landowner Name: Shokletord,	Form: OLMP SMP 1/

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.

Doces w. Mason O-Goci

Print Name of Responsible Licensee and License No.

0 10-28-67

Signature of License

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STATE WELL REPORT					
County: Tate.		art 2	For Office Use Only:		
Permit #:		Completion Report t of Environmental Quality	Aquifer:		
Driller: Jaco - Major	Office of Land and Water Resources P.O. Box 10631				
Date completed: 10-4-07		IS 39289-0631	well #: <u>C-268</u>		
•	• ,	961-5210 4-6938 (fax)	Elevation:		
Copy information from block on Part 1	` ,	ľ	. II. d. CD . I CI		
This part of the report must be completed by report must be attached and both parts filed					
Well Owner Information	on	Well	Location		
Owner Name: Dougd Shak	eford	Latitude 34.44.646 Longitude: 89.48.344			
Mailing Address 343 wokefeild	19	Method of Lat/Long (check one): Conventional Survey,			
		USGS quad, Hand-held (	GPSSurvey-grade GPS		
City State	38618	5 w 1/ 5 w 1/ Sec 11	<u>τ 45 R 6ω</u>		
City State	Zip Code	Distance Direction	Nearest Town		
Telephone No. (402) 429- 440	Telephone No. (202) 429-4407 [13/4 Miles w of New gorden				
Pump Type		Pow	ver Type		
Circle one			rcle one		
Air Lift Jet	Submersible	Diesel Engine Gasoline	e Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other (s	pecify):		
Other (specify):	<del></del>	Horse Power Rating of Motor:	314		
Date Pump Installed: 10-4-07	l	Setting Depth:	feet		
Rated Pump Capacity:	Gallons Per Minute	Number of Stages: 8			
Pump Test Data			suring Water Level		
Date Well Tested: 10-4-07		Cir	cle one		
Static Water Level (A): 34 Feet Below Land Surface		•	uring Line Steel Tape		
Pumping Water Level (B):  Feet Below Land Surface		Other (specify): 51 Cing	1 eneight		
Drawdown [(B) – (A)]: Feet Below Land Surface		For flowing well, measured shut in head:			
Test Pumping Rate: Gallons Per Minute		Well yielded 34 GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours): <u>A</u> hours feet after <u>A</u> hours of pumping			<u>A Y</u> hours of pumping		
I HEDERY CEDTIEV that the shows	nto one two to the land of				
I HEREBY CERTIFY that the above stateme		my knowledge.			
Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer					
The real of Fully histarici and License No	. (11 applicable)	- Signature of Pump Ins	Form: OLWR-SWR-1B		

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