State	· Well Report			
County: Tate Part 1	- Driller's Log	For Office Use Only:		
Mississippi Depart	ment of Environmental Quality	Aquifer:		
	and Water Resources	Aquifer:		
1 Driller Carrage 1 Control Control	O. Box 10631	·		
1 39 72 4- 1	on, MS 39289-0631 601)961-5210	L. S. Elevation:		
· · · · · · · · · · · · · · · · · · ·	1)354-6938 (fax)	E-log #:		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
State Law requires that this report be prepared by the Department at the above address within 30 days of controls.				
Information on Well Owner	Well or Bo	orehole Location		
(Landowner if borehole is not for a water well)	Latitude: 34 . 45,5/	2" Langitude: 89° 50, 162°		
Owner Name Bort Scruggs Mailing Address: Lot 3 Grobon rd	Latitude.	Conventional Survey, 162°		
10+3 C .	Method of Lat/Long (circle of	ne): Conventional Survey,		
Mailing Address: Lot Scohon Cd	USGS quad, Hand-held	GPS Survey-grade GPS		
	SW WSE W Sec 4	Twn 45 Rng 6W		
Coldwoter Ms 38618 City State Zip Code				
City State Zip Code	Distance Direction	Nearest Town		
City State Zip Code Distance Direction Nearest Town Telephone No. (667) 560-8083 Distance Direction Nearest Town Miles NE of Singerhill				
Well /	Borehole Data			
		* 21		
Date drilling started: 12-33-67 Date drilling completed: 13-	33-47 Hole depth: 155	Hole diameter: 6314		
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:				
Purpose of borehole (check one): Water WellGeotechnical/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): HomeIndustrial Public So	upplyIrrigationFish Culture	Other:		
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: feet above or relow(circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other: String Leight.				
Well depth: 155 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 145 feet Casing diameter: 4 inches Type of casing: pcl				
Screen length: (0 feet Screen diameter: 4 inches Type of screen: put				
Screen slot size: inches Setting depth: From / 45 feet to / 55 feet				
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

The sketch	below	only	required	for	water	wells

<u>If</u>	well	teles	copes,	show	depths	on	sketch.
	Gre	ound	Level-		7		

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	10
164 Soud	10	35
grael	35	60
white clay	60	70
white soud	70	(53-
		<u> </u>
]
		<u> </u>

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.
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Nouse E
Landowner Name: Bort Soruss:

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

Print Name of Responsible Licensee and License No.

STATE WELL REPORT

Tate County: Date completed: 1-7-08

Part 2

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 #:	C	-271	
Elevatio	n:	 	

(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: 34,45,512 Longitude: 87,50,162 Sorves Mailing Address: Let 3 Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS___, Survey-grade GPS___ SWYSE 4 Sec 4 T 4s R 6W Nearest Town Distance Direction Miles NE of gingerhill Telephone No. (662) 560-8083 Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Air Lift Jet Submersible Diesel Engine Hand Tractor PTO Bucket Piston Turbine Electric Motor Other (specify): Centrifugal Flowing Well Windmill Rotary Other (specify): ____ Horse Power Rating of Motor: Date Pump Installed: 1-7-08 feet Setting Depth: ~~~ Rated Pump Capacity: Gallons Per Minute Number of Stages: ____ Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 1 - 7 - 08Electric Measuring Line Steel Tape Air Line Static Water Level (A): 60 Feet Below Land Surface Other (specify): String (weight Pumping Water Level (B): Peet Below Land Surface Drawdown [(B) – (A)]: _____ For flowing well, measured shut in head: Feet Below Land Surface Test Pumping Rate: ____ (O Well yielded GPM with a drawdown of Gallons Per Minute Duration of Pump Test (minimum 4 hours): $\frac{\partial \mathcal{Y}}{\partial \mathbf{y}}$ hours feet after 24 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	`my knowledge.
Jones 4. Moson 6-620	Jans J. Nem
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B