	1 State Well Report		
County: Tote	Part 1 – Driller's Log	For Office Use Only:	
	Mississippi Department of Environmental Quality	Aquifer:	
Permit #:	Office of Land and Water Resources	Well #: C-272	
Driller: Jones w Mosen	P.O. Box 10631 Jackson, MS 39289-0631		
Date drilling completed: 1-21-08	(601)961-5210	L. S. Elevation:	
· · · · · · · · · · · · · · · · · · ·	(601)354-6938 (fax)	E-log #:	
	· · · · · · · · · · · · · · · · · · ·	the second second filled suith the	
	rt be prepared by the license holder responsible for a within 30 days of completion of drilling of the well		
Information on Well		orehole Location	
(Landowner if borehole is not f	or a water well)	N 1000148, U	
Owner Name John Burford	Latitude $\frac{1}{\sqrt{1-\frac{1}{2}}}$	Latitude: $N34 42$, 287 Longitude $089 \cdot 48$, 672 , 77 Method of Lat/Long (circle one): Conventional Survey,	
	Method of Lat/Long (circle of	ne): Conventional Survey,	
Mailing Address: 50 Sylo		GPS, Survey-grade GPS	
(1) 125 01	354.18 NW 1/ 5W 1/ Sec 26	Twn 95. Rng 64	
(<u>uldwater</u> M) City Sta	te Zip Code Distance Direction	Nearest Town	
-	\bigtriangleup Miles a^{+}		
Telephone No. (667) 33- 333	<u> </u>		
	Well / Borehole Data		
	illing completed: 1-31-08 Hole depth: 155' er used for drilling: e used in drilling and development:4	Hole diameter: <u>6314</u>	
Location of the source of any surface wate Method of dosing and volume of Chlorin	er used for drilling: e used in drilling and development:4 Electric Gamma Ray Density Sonic Neutron		
Location of the source of any surface wate Method of dosing and volume of Chlorin Logs run (circle all applicable): No log run Name of organization running log(s):	er used for drilling: e used in drilling and development:4 Electric Gamma Ray Density Sonic Neutron	Other:	
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RECEIVED 73232% BY: O25VA

The sketch below only required for water wells

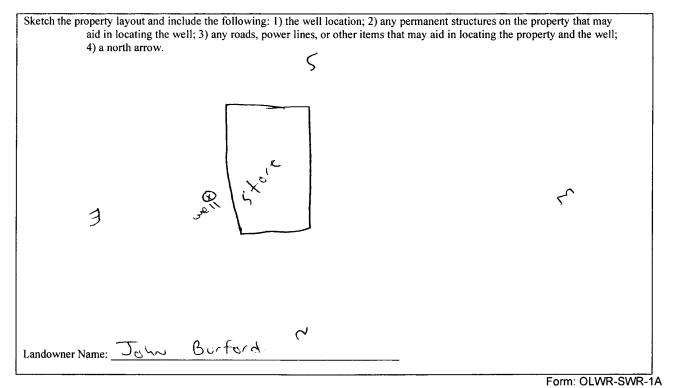
If well telescopes,	show	depths	on	sketch.
Ground Level.		7		

Level	Description of Formations Encountered		To (depth)
······	- Clay dirt	Ground Level	
	(cd Sond	18	33
	Grovel	93	40
	while eley	40	75
	white sound.	75	155
		······································	
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Description of formations encountered must be provided for all

wells and boreholes, unless specifically exempted by regulations

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



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.

Date

W. Moran 0-670 3-16-0P. Jores

Jews W New Signature of Licensee

Print Name of Responsible Licensee and License No.

<u>8</u>7. OUVA

S.C.

County: Tate	Part 2	Ear Office Line Only
	Pump Installer's Completion Report	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality	Aquifer:
Driller: Jones w. Masod	Office of Land and Water Resources	
	P.O. Box 10631 Jackson, MS 39289-0631	Well #: <u>C-272</u>
Date completed: 1- 7- 0-08	(601)961-5210	
Copy information from block on Part 1	(601)354-6938 (fax)	Elevation:

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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	
Owner Name: Jahn Burfurd	Latitude: <u>N34'42, 287</u> Longitude: <u>W689'48, 616</u>	
Mailing Address: 50 Sycamore	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code	NW 1/2 SW 1/2 Sec 26 T 45 R 6W	
	Distance Direction Nearest Town	
Telephone No. (66) 33-373	Miles at of Independence	

	Pump Type Circle one			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Rating	of Motor: <u> </u>	
Date Pump Installed:	1-99-08		Setting Depth:	100	feet
Rated Pump Capacity:	(0)	Gallons Per Minute	Number of Stages: _	8	_

Pump Test Data	Method of Measuring Water Level	
Date Well Tested: 1-22-08	Circle one	
	Air Line Electric Measuring Line Steel Tape	
Static Water Level (A): 75 Feet Below Land Surface	Other (specify): String (reight	
Pumping Water Level (B): Feet Below Land Surface		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate: (O Gallons Per Minute	Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): 24 hours	<u></u>	

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
Jenes u. Mascu 0-670	Gens W, Man
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Form: OLWR-SWR-1B

OLWR-SWA-18