County: Tate		Oriller's Log	For Office Ose Only.
		nt of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources		Wall # 6-288
Driller: Jones w. Moson			weii #:
_	Jackson, MS 39225 (601)961- 5210 L. S. Elevation:		
Date drilling completed: 9-26-08	(601)961- 5228 (fax)		
			E-log #:
State Law requires that this repor			
Department at the above address Information on Well C			rehole Location
•		Latitude: 34° 44', 63'	2. Longitude: 89.49 ,7/9 , 10: Conventional Survey,
Owner Name Clark So	2/0995	38	43
Mailing Address: 50 gree	ور برط.	Method of Lat/Long (circle on	e): Conventional Survey,
Walling Address.	., 10	USGS quad (Hand-held	GPS) Survey-grade GPS
City State	ns. 38618	$\frac{3\omega}{4}$ $\frac{5\omega}{5\omega}$ $\frac{10}{4}$ Sec	Twn 45 Rng 6w
City Stat	e Zip Code	Distance Direction	Nearest Town
Tolonton V. 16/17, 357 87	elephone No. (OLZ) 357 8790		of new Jorden
relephone No. WVZ JJI BE	10		
	Well / Bore	hole Data	
9 26-08			2.31.1
Date drilling started: 9-36-08 Date dri	lling completed:	Hole depth: 100	Hole diameter: 674
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: Name of organization running log(s):			
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic S	SurveyOther (describe))	
If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check one): Home $ u$ Ir			
If a flowing well, method of flow regulation	n: Valve hat O	ther (describe)	
Static Water Level:feet above of below prircle one) land surface Date measured:9 - 3 9 - 08			
Method of Measurement (circle one) steel tape electric tape air line other: String line weight			
Well depth: 108 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Sentonite Mix			
Casing length: 98 feet Casing diameter: 4 inches Type of casing: puc			
Screen length: 10 feet Screen diameter: 4 inches Type of screen: puc			
Screen slot size: , O(D inches Setting depth: From 98 feet to 108 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			

State Well Report

Form: OLWR-SWR-1A (04/08)

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BY: OLWR

The sketch below only required for water wells	Description of formations encountered wells and boreholes, unless specificall	l must be provided	d for all
If well telescopes, show depths on sketch.	wens and vorenotes, unless specifican	v exempled by reg	<u>uiuiivns</u>
Ground Level	Description of Formations Encountered	From (depth)	To (depth)
	Clay dist.	Ground Level	45
	while soud	45	108
			
			-
		-	+
			
			<u> </u>
		-	

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

Sketch the property layout and include aid in locating the well;	the following: 1) the well locally any roads, power lines, or o	ation; 2) any permanent structures ther items that may aid in locating	s on the property that may the property and the well;
4) a north arrow.	M		
well	<u></u>	tive may	
	house		
2			\sim
	3		
Landowner Name: Clork	Scruggs		
			Form: OLWR-SWR-1A (04/08)

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

Janes W. Mason 0-620	10-21-08	Gosw. Mu	
Print Name of Responsible Licensee and License No	Date	Signature of Licensee	RECEIVE

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BY: OLWR

STATE WELL REPORT

Part 2 County: Tote For Office Use Only: **Pump Installer's Completion Report** Permit #: Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 2309 Date completed: 9-29-06 Jackson, MS 39225 (601)961-5210 Elevation: (601)961-5228 (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 Owner Name: Clark Scrugs Latitude: 34-44.637 Longitude: 89.49.719 Mailing Address:___ Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS___, Survey-grade GPS___ Sw 1/2 Sw 1/2 Sec_ 10 T 45 R 6w Distance Direction Nearest Town Telephone No. (662 357 8790 Miles w of New garden **Pump Type** Power Type Circle one 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: Date Pump Installed: 9 - 29 - 0640 Setting Depth: Rated Pump Capacity: _____ () Gallons Per Minute Number of Stages: _ **Pump Test Data** Method of Measuring Water Level Circle one 80-P6-P Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): 5tring (weig Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head:

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
Joes w. Mason 0-620	Gas V. Man
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Well vielded

Gallons Per Minute

Test Pumping Rate:

Duration of Pump Test (minimum 4 hours):

70

Form: OLWR-SWR-1B (04/08)

hours of pumping

GPM with a drawdown of

OCT 2 3 2008

BY: OLWR