	State W	ell Report			
County: Take		Oriller's Log	For Office Use Only:		
		nt of Environmental Quality	Aquifer:		
Permit #:		nd Water Resources	Well #: C-289		
Driller: Jones w Masen		Box 2309 n, MS 39225			
Date drilling completed: (0) 3 cc d	(601)9	961- 5210	L. S. Elevation:		
bute driving completed. (6 3 C 5	(601)961- 5228 (fax)		E-log #:		
State Law requires that this repor	t be prepared by the lice	ense holder responsible for t	he work and filed with the		
Department at the above address					
Information on Well C (Landowner if borehole is not fo			rehole Location		
,	•	Latitude: 37. 45,869	" Longitude: 27 . 44 , 152,		
Owner Name OLIVE Colve	\$	Mathad of Lat/Lang (single on	Longitude: $\frac{8^{c_1}}{49}$, $\frac{19}{45}$, $\frac{752}{45}$, ie): Conventional Survey,		
Mailing Address: 1424 Gre	er cd.				
		USGS quad, Hand-held	GPS, Survey-grade GPS		
		SW 1/2 NW1/4 Sec 10	Twn 4s Rng 6w		
City Stat	38618				
City Stat	e Zip Code	Distance Direction Miles ME	Nearest Town		
Telephone No. (264) 333-2763	<u>-</u>	Willes 7 L	01 5,038 5,111		
	Well / Bore				
Date drilling started: 19-3-08 Date dri	lling completed: (0 - 2 - c	E Hole depth: (85	Hole diameter: 6314		
Location of the source of any surface, water	rused for drilling:	1			
Location of the source of any surface wate Method of dosing and volume of Chlorine	used in drilling and devel	opment: wh			
Logs run (circle all applicable) No log run) Electric Gamma Ray Density Sonic Neutron Other:					
Purpose of borehole (check one): Water Well V Geotechnical/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): HomeIr	dustrial Public Supply	Irrigation Fish Culture	Other:		
If a flowing well, method of flow regulation	n: Valve O	ther (describe)			
If a flowing well, method of flow regulation: Valve Other (describe) Static Water Level: feet above or below (circle one) land surface Date measured: 3 - 5 - 6 - 6					
Method of Measurement (circle one) steel tape electric tape air line other:					
· · · · · · · · · · · · · · · · · · ·					
Well depth: 485 Well grouted to a depth of feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 165 feet Casing diameter: 4 inches Type of casing: poc					
Screen length: October Screen diameter: Inches Type of screen:					
Screen slot size: CID inches Setting depth: From 165 feet to 185 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 teld	escoped or more than one scree	n, describe on next page		

14 - 14

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

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BY: OLWA

The sketch below only required for water well

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

Desc	ription	of forn	<u>nations e</u>	ncountere	<u>d musi</u>	be pro	<u>vided j</u>	for all
wells	and b	orehole	s, unless	specifical	ly exen	npted by	regu	lations

Description of Formations Encountered	From (depth)	To (depth)
clay dirt	Ground Level	10
cley dist ied sand Blue clay while sind	Õ	33
Gue chay	35 120	190
white soud.	190	185

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

Sketch the property layout and including the week and a north arrow.	ide the following ll; 3) any roads, p	: 1) the well location	on; 2) any permanen r items that may aid	nt structures on the property that may in locating the property and the well;
		W		
		house		
2	O) New		80.5	\checkmark
		3	·	
Landowner Name:	Gaines			Form: OI WR-SWR-14 (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 laws.

Jones as Majon 0-620

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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BY: OLWR

STATE WELL REPORT

County: Tate Permit #: Driller: Jones W. Masgar Date completed: 10-3-08 Copy information from block on Part 1

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225

(601)961-5210 (601)961-5228 (fax)

For Office Use Only:
Aquifer:
Well #:

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

Well Owner Information	Well Location
Owner Name: Ottos Crotues	Latitude: 34-45.860 Longitude: 87.49.753
Mailing Address: 1434 greer 14 City State Zip Code Telephone No. (662) 3320765	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Sw 1/4 Nw 1/4 Sec, T
Pump Type	Power Type

	Pump Typ 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 Ratin	g of Motor:3/-	4
Date Pump Installed:	10-7-01	<u> </u>	Setting Depth:	140	feet
Rated Pump Capacity	:(0	Gallons Per Minute	Number of Stages:	€	

Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 10-3-0cf	Circle one		
Static Water Level (A): / 1 5 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B):Feet Below Land Surface	Other (specify): String I weight		
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	12 feet after 9 4 hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.	
Janes w. Meson 0-620	Jans - m	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Form: OLWR-SWR