	T State W	Vell Report	For Office Use Only
County: Tole		Driller's Log	Aquifer: <u>C</u> <u>30</u>
Permit #:		nt of Environmental Quality and Water Resources	
Driller: Jane, w. Majon	P.O.	Box 2309	Well #:
		n, MS 39225 961- 5210	L. S. Elevation:
Date drilling completed: $(2 - 9 - 09)$		51- 5228 (fax)	E-log #:
State Law requires that this repo	J ort be prepared by the lic	cense holder responsible for	the work and filed with t
Department at the above addres	s within 30 days of com	pletion of drilling of the well	l or borehole prehole Location
Information on Well (Landowner if borehole is not			
Owner Name Dowiel Brook		Latitude: <u>34 .45</u> ,645	_" Longitude: <u>81 ° 47 '</u> 2
		Method of Lat/Long (circle o) ne): Conventional Survey,
Mailing Address: 1180 graham	n rd.	USGS augd Hand hal	GPS Survey-grade GPS
inthuster n	AS 38618	<u>54</u> 4 <u>5</u> 4 Sec 3	Twn Rng
(<u>olduster</u> n City St	ate Zip Code	Distance Direction	Nearest Town
Telephone No. (662) 501 -063	5	Miles NE	ot ginger will
	Well / Bor		
Location of the source of any surface wa Method of dosing and volume of Chlorin	ter used for drilling: <u>~</u> / ^A ne used in drilling and deve	lopment:	
Date drilling started: $12 - 9 - 09$ Date d Location of the source of any surface wa Method of dosing and volume of Chlorin Logs run (circle all applicable). No log run Name of organization running log(s):	ter used for drilling: N^{h} ne used in drilling and deve Electric Gamma Ray	lopment: <u>1</u>	Other:
Location of the source of any surface wa Method of dosing and volume of Chlorin Logs run (circle all applicable) <u>No log ru</u> Name of organization running log(s): Purpose of borehole (check one): Water V	ter used for drilling:^ ne used in drilling and deve Electric Gamma Ray Well Geotechnical/Geo	blopment:A Density Sonic Neutron logical Investigation Ground	Other:
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BY: OLWR

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The sketch below only required for water wells

If well telescopes, sho	w depths	on <u>sketch</u> .
Ground Level		

-1

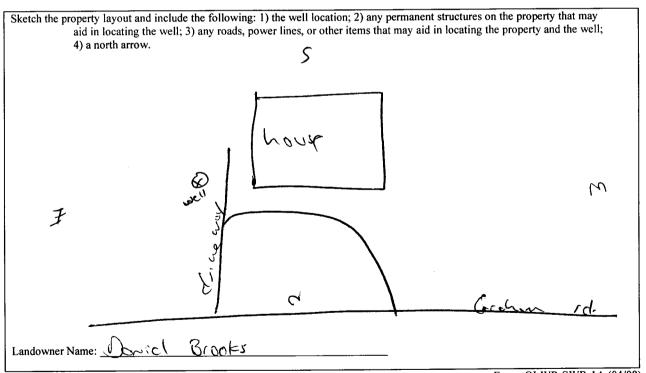
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations		
Description of Formations Encountered	From (depth)	To (depth)
Chu dict.	Ground Level	10
red soud	10	30
while sand	30	35
white day	35	60
ornel	60	50

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



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 laws.

U. Mosc. 0-670 1-4-10 Pers w.M Jones Signature of Licensee Print Name of Responsible Licensee and License No. Date

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JAN 0.6 2010

BA: OTME

County: Tate	Part 2	For Office Use Only:
	Pump Installer's Completion Report Mississippi Department of Environmental Quality	Aquifer: (2)2
Permit #:	Office of Land and Water Resources	
riller: Javes w. Mosm	P.O. Box 2309	Well #:
ate completed: 12 - 14 - 09	Jackson, MS 39225 (601)961-5210	
Copy information from block on Part 1	(601)961-5228 (fax)	Elevation:

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 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

Well Owner Information	Well Location	
Owner Name: Dovic Brooks	Latitude: <u>34.45-645</u> Longitude: <u>89.49.36</u> 3	
Mailing Address: 1180 grohan rd	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Coldwater My 35618</u> City State Zip Code	SE 1/5W 1/ Sec 3 T 45 R GW	
	Distance Direction Nearest Town	
Telephone No. 667 501 - 0635	<u>l'ly</u> Miles NE of gingerhill	
Pump Type Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine C	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor: 5-40-	
Date Pump Installed: 12-14-0?	Setting Depth:feet	
Rated Pump Capacity:GGallons Per Minute	Number of Stages: 14	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12~14-09</u> Static Water Level (A): <u>105</u> Feet Below Land Surface Pumping Water Level (B): <u>~</u> Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):
Drawdown [(B) – (A)]: A Feet Below Land Surface Test Pumping Rate: G Gallons Per Minute Duration of Pump Test (minimum 4 hours): J hours	For flowing well, measured shut in head: $\mathcal{N}^{\mathcal{A}}$ feet Well yielded <u>60</u> GPM with a drawdown of <u>feet after</u> <u>21</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.
Jones w. Mason 0-620	Jens w. Man
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-SHERED

JAN 8 8 2010

BY: OLWR