	State W	'ell Report	Г
County: Tale	Part 1 – Driller's Log		For Office Use Only:
	Mississippi Department of Environmental Quality		Aquifer: 6 37(
Permit #:	Office of Land and Water Resources P.O. Box 2309		Well #:
Driller: Joses w. Moson	Jackson, MS 39225		L. S. Elevation:
Date drilling completed: 8-10-10	, ,	961- 5210 1- 5228 (fax)	
	, ,	` '	E-log #:
State Law requires that this repor Department at the above address			
Information on Well C		Well or Bo	orehole Location
(Landowner if borehole is not fo	r a water well)	Latitude: 34 . 44 ,435	2. Longitude: 89 . 48 . 681
Owner Name Shirley Agn	ser		
Mailing Address: 8447 hwy	305	Method of Lat/Long (circle one): Conventional Survey,	
		· · · · · · · · · · · · · · · · · · ·	GPS, Survey-grade GPS
6.11.1	38618	SE 1/2 NE 1/2 Sec 15	Twn 45 Rng 6w
City Stat	e Zip Code	Distance Direction	Nearest Town
Telephone No. (901) 832 - 093		Miles Sw	of New Jorden
Telephone No. (101) 038 078	/	5 70	
	Well / Bore	hole Data	
Date drilling started: 8-10-10 Date dri	lling completed: $8-10-1$	O Hole depth: 140	Hole diameter: 63/4
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 Well Geotechnical/Geological Investigation Ground Source Heat Pump			
	urveyOther (describe)		nok
If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: 5hop.			
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level: 100 feet above or below circle one) land surface Date measured: 8-11-10			
Method of Measurement (circle one) steel tape electric tape air line other: String Ineight.			
Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 130 feet Casing diameter:			
Screen length: 10 feet Screen diameter: 4 inches Type of screen: 000			
Screen slot size: () inches	Setting depth: From	(30 feet to	feet feet
Type of completion (circle all applicable). Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe): ~~4			
Top of lap pipe or reduction in casing:	feet. If tel	escoped or more than one scree	en, describe on next page

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

SEP 1 0 2010

Description of for	<u>mations encountered</u>	must be provided for all
wells and borehol	es, unless specifically	exempted by regulations

<u>If</u>	well	telescop	es, sh	ow de	pths o	n sketch.

f well telescopes, show depths on sketch. Ground Level———			
Ground Leve			
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Description of Formations Encountered	From (depth)	To (depth)
clay dirt.	Ground Level	15
white chi-1	15	45
while soud	45	03
while clay	03	105
incite said	105	140
		<u> </u>
		ļ <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 perm aid in locating the well; 3) any roads, power lines, or other items that may 4) a north arrow.	anent structures y aid in locating	s on the property that may g the property and the well;
	2	
Shop [shed] sell.		
John Control of the C		7
81.3		
Hun 305	M	
Landowner Name: Shirley Asner.		Form: OL W.P. SW.P. 1.4 (0.4/08)

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

Print Name of Responsible Licensee and License No.

34.01Mb

STATE WELL REPORT

County: Tote Permit #: Driller: Janes w. Meson Date completed: 8-11-10 Conv 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

For Office Use Only:			
Aquifer:	0371		
Well #:			
Elevation:			

Commission from block on Part 1	1 ' '	1-5228 (fax)	Elevation:	
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 Inform	nation	Well Location		
Owner Name: Shirley Ag	ner		Longitude:	
Mailing Address: 8447 km	1 305		check one): Convention	
		USGS quad, Ha	and-held GPS, Sur	vey-grade GPS
(<u>alduoter M</u> City Stat	38618	SE 4 NE 4	Sec_ 15 T_ 45	<u>R_6ω</u>
City Stat	e Zip Code	1	ection Nearest 7	
Telephone No. (901) 833-093	99	218 Miles 5	w of New	gorden
			Power Type	<u></u>
Pump 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):		1	of Motor: 3/4	
Date Pump Installed: 8-11-15)		138	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages: _	8	
Pump Test Data Method of Measuring			od of Measuring Wat	er Level
Pump Test Da		TAXCEIN	Circle one	
Date Well Tested: 8-11-10		Air Line Elec	ctric Measuring Line	Steel Tape
Static Water Level (A): 100	Feet Below Land Surface	Other (specify):	tring I weigh	

Static Water Level (A): 100 Feet Below Land Surface	Other (specify): String (weight
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: Gallons Per Minute	Well yielded 10 GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet after _ 2 4hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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

SEP 1 0 2010

