	State Well Report	
County: Tate	Part 1 – Driller's Log	For Office Use Only:
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: D - 120
Driller: Jones w. Mason	P.O. Box 10631	well#: D - /QC
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 10-18-C5	(601)961-5210	
	(601)354-6938 (fax)	E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Department at the above agaress within 30 days of comp	neuon of unuing of the weil of borenote.		
Information on Well Owner	Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: 34 ° 41 '709" Longitude: 89 ° 43 ,602"		
Owner Name Oak Creek Uilloge	1 114 71 1		
Owner Maine OCK CREEK CITIESE	Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: 118 Hally cose			
	USGS quad, Hand-held GPS, Survey-grade GPS		
	¼¼ Sec_33 Twn_45 Rng_5w		
Coldwater MS 38618 City State Zip Code			
City State Zip Code	Distance Direction Nearest Town		
	Miles of		
Telephone No. (662) 536-5700			
Well / Bore	hole Data		
Date drilling started: 10-18-05 Date drilling completed: 10-18-	Hole depth: 135 Hole diameter: 8		
Location of the source of any surface, water used for drilling.	NA.		
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel	lopment: NA		
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/Geol	ogical Investigation Ground Source Heat Pump		
Seismic Survey Other (describe	2)		
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:			
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level: 100 feet above of below (circle one) land surface Date measured: 100 35-05			
Method of Measurement (circle one) steel tape electric tape air line other: 5tring (ueight-			
Well depth: 185 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 175 feet Casing diameter: inches Type of casing:			
Screen length: 10 feet Screen diameter: 4 inches Type of screen: poc			
Screen slot size: .00 inches Setting depth: From 175 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 telescoped or more than one screen, describe on next page			

Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well	telescopes,	show	depths	on	sketch.
C	loved I beneat				

Ground Level	

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)
clay dist.	Ground Level	25
grael	25 50	50
with clay	50	65
while soul	67	(00)
Blue clay	100	143
white soud	147	185
	-	

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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.	y aid in locating the property and the well;
E	W
N	
Landowner Name: Ook creek uillage	

Form: OLWR-SWR-1A

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. Tores U-Mos... 0-620 (1-16-05

Print Name of Responsible Licensee and License No. Date

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STATE WELL REPORT Part 2 County: For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Well #: Jackson, MS 39289-0631 Date completed: 10-25-05 (601)961-5210 Elevation: (601)354-6938 (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 Location **Well Owner Information** Owner Name: Ook creek uilloge Latitude: Longitude: Mailing Address: 118 Holly Method of Lat/Long (check one): Conventional Survey, USGS quad , Hand-held GPS , Survey-grade GPS Distance Direction Nearest Town Telephone No. (662) 536-5700 Miles of Power Type **Pump Type** Circle one Circle one Submersible Diesel Engine Gasoline Engine Natural Gas Air Lift Jet Electric Motor Tractor PTO Hand Piston Turbine Bucket Other (specify): Windmill Flowing Well Rotary Centrifugal Horse Power Rating of Motor: Other (specify): 120 Date Pump Installed: 10-25-05 Setting Depth: Rated Pump Capacity: (2 Number of Stages: Gallons Per Minute Method of Measuring Water Level **Pump Test Data** Circle one 10-35-05 Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): 100 Feet Below Land Surface Other (specify): String I 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: ____ (2 Well yielded GPM with a drawdown of Gallons Per Minute Duration of Pump Test (minimum 4 hours): feet after hours of pumping

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

Jones W. Moson

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

Form: OLWR-SWR 18 ED

Signature of Pump Installer

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