State W	Vell Report	
County: Tote Part 1-1	Driller's Log	For Office Use Only:
Permit #: Office of Land	nt of Environmental Quality	Aquifer:
	and Water Resources Box 10631	Well #: <u>D-149</u>
Jackson, N	AS 39289-0631	L. S. Elevation:
)961-5210	
(601)35	4-6938 (fax)	E-log #:
State Law requires that this report be prepared by the lic Department at the above address within 30 days of com	ense holder responsible for t pletion of drilling of the well	the work and filed with the or borehole.
Information on Well Owner		rehole Location
(Landowner if borehole is not for a water well)	Latitude: 34 .44 .881	" Longitude: 89 . 44 , 422,
Owner Name Kelvin Moyse	53	" Longitude: <u>89 ° 44 ', 422</u> " 25 he): Conventional Survey,
Mailing Address: 130 McCloud rd		
		GPS, Survey-grade GPS
coldinates MS 20(1)	NW 1/4 500 1/4 Sec 9	Twn 45 Rng 5w
City State Zip Code	Distance Direction	Nearest Town
Telephone No. (663-) 292-1881	<u>la</u> Miles <u>P</u>	Nearest Town of wakefeild
Well / Bore		
Date drilling started: $\frac{4-35-08}{2}$ Date drilling completed: $\frac{4-35-08}{2}$	Hole depth: 140'	Hole diameter: <u>6314</u>
Location of the source of any surface water used for drilling:		
Method of dosing and volume of Chlorine used in drilling and devel		
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron (Other:
Purpose of borehole (check one): Water Well Geotechnical/Geole	ogical Investigation Ground	Source Heat Pump
Seismic Survey Other (<i>describe</i>)	· · · · · · · · · · · · · · · · · · ·
If drilling is not related to water well construction		ck
Purpose of Well (check one): Home <u></u> Industrial Public Supply	Irrigation Fish Culture _	Other:
If a flowing well, method of flow regulation: Valve O	ther (describe)	
Static Water Level: 73 feet above or below (circle one) 1	and surface Date measured:	5-5-08
Method of Measurement (circle one) steel tape electric tape	air line other: 540	ing weight
Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet Type		
Casing length: 130 feet Casing diameter: 4		
Screen length: 10 feet Screen diameter: 4	inches Type of screen	
Screen slot size: <u>010</u> inches Setting depth: From		•
Type of completion (circle all applicable): Gravel packed Under		
		-
	A	
Top of lap pipe or reduction in casing:feet. <u>If tele</u>	escoped or more than one scree	n, describe on next page
		Form: OLWR-SWR-1A
		RECEIVED
		MAY 2.7 2008
		BY: OLWR

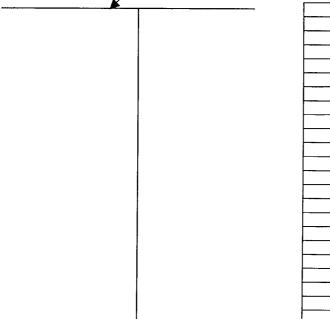
.

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The sketch below only required for water wells

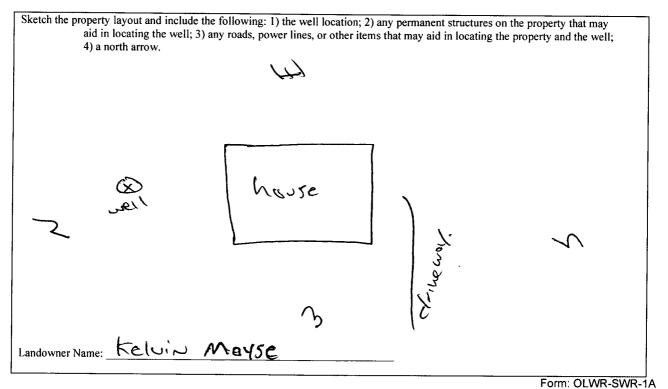
If well telescopes, show depths on sketch. Ground Level.



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 dirt	Ground Level	35
white soud-	35	(40
	-	
		1 1
		+
		11
·····		+
		+
······		+
		+
	l	+
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L	l	J

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



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

que u. Moson 0.620 5-21-08. RECEIVED Date

Print Name of Responsible Licensee and License No.

Signature of Licensee

MAY 27 2008 BY: OLWR

STATE WELL REPORT			
County: Tate	Part 2 Pump Installer's Completion Report	For Office Use Only:	
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:	
Driller: Jores w. Moson	P.O. Box 10631	Well# D-148	
Date completed: 5-5-08	Jackson, MS 39289-0631 (601)961-5210	Well #:	
Copy information from block on Part 1	(601)354-6938 (fax)	Elevation:	

This part of the report must be completed by a licensed water well of	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			

report mast be anachea and born parts filea with the Department at the above adaress within 30 days of well completion.			npienon.		
Well Owner Information		Well Location			
Owner Name: Ke	_	-	Latitude: 34-44.881 Longitude: 89-44-422		89-44-422
Mailing Address: <u>1</u> 3	lo mel	loud rd	Method of Lat/Lon	g (check one): Conventic	onal Survey,
			USGS quad,	Hand-held GPS <u></u> , Surv	vey-grade GPS
ر <u>ه(م</u> City	Noter N	te Zip Code	NN 1/ SW	/4 Sec_7_T_4_S	R 5 w
				Direction Nearest T	
Telephone No. (6)	292- (351	<u> </u>	N of woke	feild
,	No				
	Pump Type			Power Type	
	Circle one			Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Circle one Gasoline Engine	Natural Gas
Air Lift Bucket		Submersible Turbine	Diesel Engine Electric Motor		Natural Gas Tractor PTO
	Jet		Electric Motor Windmill	Gasoline Engine Hand Other (specify):	Tractor PTO
Bucket	Jet Piston Rotary	Turbine	Electric Motor Windmill	Gasoline Engine Hand	Tractor PTO
Bucket Centrifugal	Jet Piston Rotary	Turbine G	Electric Motor Windmill Horse Power Rating	Gasoline Engine Hand Other (specify):	Tractor PTO

Pump Test Data	Method of Measuring Water Level	
Date Well Tested: 5-5-08	Circle one	
Static Water Level (A): 73 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify): String Line; Li	
Pumping Water Level (B): Feet Below Land Surface	onie (specify). <u>- strate</u>	
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head: <u>~~4</u> feet	
Test Pumping Rate:(OGallons Per Minute	Well yielded (🖉 GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	feet after <u>} hours of pumping</u>	

I HEREBY CERTIFY that the above statements are true to the best o	of my knowledge.	
Jones w. Major 0-620	Gen w. Ma	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
		DEIVED

MAY 27 2008 BY: OLWR