	<b>State Well Report</b>	
County: <u><u>TATE</u></u>	Part 1 – Driller's Log	For Office Use Only:
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: F-86
Driller: 19. LARPtort	P.O. Box 10631	Well #:
Driller:	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: <u>C/18/0</u>	(601)961-5210	
	(601)354-6938 (fax)	E-log #:

Y

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.

Depuriment ut the ubove unitess minin of ways of comp	Well or Borehole Location		
Information on Well Owner	AACU AT TALENAL PACETAR		
(Landowner if borehole is not for a water well)	tation in a 2 22 tomoriday of a 22 23		
Owner Name JASON 5. 17 77	Latitude:' Longitude:' " Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: LINE - W - in	USGS quad, Hand-held GPS, Survey-grade GPS		
Hidder Unlley	USGS quad, Hand-heid GrS, Survey-grade GrS $4 - 4$ Sec $2$ Twn $5 - 5$ Rng $2 \omega$		
<u>ECREDIAN Moleuna</u> City State Zip Code	Distance Direction Nearest Town		
Telephone No. ()	Miles of		
Well / Bore	hole Data		
Date drilling started: 10/16. Date drilling completed: 10/1	$\frac{5}{5}$ Hole depth: 190 Hole diameter: $G \frac{3}{5}$		
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel	opment: Ckilox		
Logs run (circle all applicable): No log run Blectric Gamma Ray Name of organization running log(s).	Density Sonic Neutron Other.		
Purpose of borehole (check one): Water Well_L-Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic SurveyOther (describe) If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check one): HomeIndustrial Public Supply	y Irrigation Fish Culture Other:		
If a flowing well, method of flow regulation: Valve C			
Static Water Level:feet above or below (circle one)			
Method of Measurement (circle one) steel tape electric tape			
Well depth: A Well grouted to a depth of A feet Type	e of grout (circle one): Neat Cement Bentonite' Mix		
Casing length: <u>20</u> feet Casing diameter: <u>4</u>	inches Type of casing:		
Screen length: <u>(@)</u> feet Screen diameter: <u>4</u>			
Screen slot size: <u>213</u> inches Setting depth: From			
Type of completion (circle all applicable): Gravel packed Unde			
Top of lap pipe or reduction in casing: 1/0/2 feet. If the	elescoped or more than one screen, describe on next page Form: OLWR-SWR-1		
	Form: OLWR-SWR-1		

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	STATE WI	ELL REPORT		
County: TM T-C	-	art 2	For Office Use Only:	
Permit #:	Pump Installer's Completion Report			
	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:	
Driller: BLAAGF2+L Date completed: 10/15/03	P.O. Box 10631		Well #: F-86	
Date completed: 10/15/03	Jackson, MS 39289-0631		Well #:	
	(601)961-5210 (601)354-6938 (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 fil Well Owner Informa			ll Location	
Owner Name: JASON 9	ca ( )	Latitude:Longitude:		
Mailing Address: LAKE Veia		Method of Lat/Long (check one): Conventional Survey		
pidder VAILEN Ford WATER M3		USGS quad, Hand-held GPS, Survey-grade GPS 1/41/4 SecG_T_5_S_R_5700		
				City State
		Distance Direction	Nearest Town	
Telephone No. ()		Miles o	of	
Pump Type		Po	wer Type	
Circle one		Circle one		
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):	
Other (specify):		Horse Power Rating of Motor		
Date Pump Installed: 10-18-08		Setting Depth:feet		
Rated Pump Capacity: / Z	Gallons Per Minute	Number of Stages:/ 2	2	
Pump Test Data		Method of Me	easuring Water Level	
			Sircle one	
Date Well Tested: 18-08		Air Line Electric Mea	suring Line Steel Tape	
Static Water Level (A):F OFeet Below Land Surface				
Pumping Water Level (B): <u><u></u> <u>G</u> <u>P</u> Feet Below Land Surface</u>		Other (specify):		
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured shut in head:feet		
Test Pumping Rate: 10/18/09 Gallons Per Minute		Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):			hours of pumping	
I HEREBY CERTIFY that the above statem	pents are true to the best o	f my knowledge	1	
		1 14		
FIANTLANSFORD C Print Name of Pump Installer and License N	1.6XZ	Signature of Pump Ir	mon	
I MENT NAME OF FILMS INSTALLET AND I ICENSE		Signature of Pump II		

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

Form: OLWR-SWR-1B NOV 1 4 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)
	Ground Level	
Dikt	A	20
CITY	de	61
Mix/Sond/cm	60	100
19AL	100	190
	<u> </u>	I

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 permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well;	
4) a north arrow.	
LAKEVEN	
Wer 3 weil of	
Landowner Name: <u>JASON SCOTT</u> 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

<u>FAMALT AMAGESTED</u> 11-5-05 Front Kengens Print Name of Responsible Licensee and License No. Date Signature of Licensee RI

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