	State Well Report	
County: 711-71	Part 1 – Driller's Log	For Office Use Only:
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	
Driller: Fhang for	P.O. Box 10631	Well #: 6-155
Date drilling completed: 9-210-09	Jackson, MS 39289-0631	L. S. Elevation:
Date drining completed: 4-2/10-29	(601)961-5210	
	(601)354-6938 (fax)	E-log #:
State Law requires that this repor Department at the above address	t be prepared by the license holder responsible for within 30 days of completion of drilling of the wel	the work will City the state
I I I I I I I I I I I I I I I I I I I	Well or D.	orehole Location
(Landowner if borehole is not fo	r a water well)	Menoie Location
Owner Name TOMMY TOR	11110	" Longitude: "
Mailing Address: BERFeid		
		GPS, Survey-grade GPS
5ek M9 City State	55668 - 14 Sec 14	Twn 5 8 Rng 76
	Zip Code Distance Direction	Nearest Town
Telephone No. ()	Miles	OI
	Well / Borehole Data	
Date drilling started: $9 \sim 17$ Date dril	ling completed: 9-4/ Hole depth: 150	77 4
	Those deput: /365	Hole diameter: 6 9
Location of the source of any surface water	used for drilling: want us!! used in drilling and development: FCAIC	
Method of dosing and volume of Chlorine	used in drilling and development: 3 CALC	lahan
Logs run (circle all applicable). No log run	Floatria Comman B	
Name of organization running log(s):	Electric Gamma Ray Density Sonic Neutron (Other:
(Attach copy of log to this report)		£
Dymore of hand 1 (1)	Geotechnical/Geological Investigation Ground Ground Owner well construction, skip the remainder of this block block of the Supply Irrigation Fish Culture	REO
ruipose of borenole (check one): Water Wel	Geotechnical/Geological Investigation Ground	Source Heat Pump
Seismic St ————————————————————————————————————	rvey_Other (describe)	SF0
The state of the s	water weit construction, skip the remainder of this blo	ck 21 %
Purpose of Well (check one): Home Ind	lustrial Public Supply Irrigation Fish Culture	Other:
If a flowing well method of flowing 1 d		- ounci:
in a nowing wen, method of now regulation:	Valve Other (describe)	
Static Water Level:feet abov	ve or below (circle one) land surface Date measured:	
Method of Measurement (circle one) stee	Ltape electric tape air line other:	
Well depth: 150 Well grouted to a depth	n of feet Type of grout (circle one): Neat Cemer	nt Rentonire Mix
Casing length: 26 feet Casing	diameter:inches Type of casing:	ove
Screen length: 10 feet Screen	diameter:inches Type of screen:	10 Ted 1210
Screen slot size:inches	Setting depth: From 1510 feet to 150	7 feet
ype of completion (circle all applicable): (ole Natural Development
(Other (describe):	- Anopalon
	on a feet. If telescoped or more than one screen,	describe on next page

Description of Formations Encountered From (depth) To (depth Ground Level Ground Level Ground Level AC	Level	SAN & W/Clay/soul	Ground Level	20 30 60 80
Ground Level [] [27] G KU R] 5AK 1 AC 3C 5AK 2 3C 6C W[C]AY/5MM 6 90		SAN & W/Clay/soul	Ground Level G A G G G G G G G G G G G	20 30 60 80
8/5AK 1 30 30 5AK 30 60 W/C/Ay/5MM 6 80		SAN & W/Clay/soul	30	30 60 80
8/5AK 1 30 30 5AK 2 30 60 W/C/AY/5MI 6 80		SAN & W/Clay/soul	30	30 60 80
w/c/Ay/sms 6 80		w/c/Ay/smil	6	80
		W/SAN'	80	
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	an one screen, show location of each on sketch	location of each on sketch		
ation: 2) any permanent structures on the manual of	perty layout and include the following: 1) the we	lude the following: 1) the well location; 2) any permanent structures on the		
ther items that may aid in locating the property and the may	id in locating the well; 3) any roads, power lines	ell; 3) any roads, power lines, or other items that may aid in locating the pr	property that may	
ther items that may aid in locating the property and the well;	in locating the well, 3) any loads, nower lines	in, 3) any roads, power lines, or other items that may aid in locating the pr	operty and the well;	

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures aid in locating the well; 3) any roads, power lines, or other items that may aid in locating 4) a north arrow.	on the property that may the property and the well;
4 Hwy	- RECEIVER
Yellaw Dag R L	BY OLWA
Bunfaile OV:	No. of
	The state of the s
Landowner Name: TAMMY TOAM BO	

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

FINARLMAGLONE 0-686 9-14-07

Signature of Licensee

Print Name of Responsible Licensee and License No.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210

For Office Use Only:	_
Aquifer:	
Well #: 6 - 155	
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 Owner Information** Well Location Latitude: Longitude: Owner Name: TCMMY TEAMBE Mailing Address: BURFEILD R Method of Lat/Long (check one): Conventional Survey USGS quad____, Hand-held GPS___, Survey-grade GPS
 Gen
 MG
 3 466 5

 City
 State
 Zip Code
 _____ ¼ ____ ¼ Sec 16 T 5 9 R 7 W Distance Direction Nearest Town Telephone No. (____) Miles 5 of New Took Pump Type Power 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): Setting Depth: 7 Horse Power Rating of Motor: Date Pump Installed: 9-11-07 **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: 9 - 21 - 07Air Line Electric Measuring Line Steel Tape Static Water Level (A): ______Feet Below Land Surface Other (specify): 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 _______GPM with a drawdown of Duration of Pump Test (minimum 4 hours): _________ hours

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
Frank haugford 0-622	Flank famplows Signature of Pump Installer
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer