State Well Report				
County: Tate	Part 1 – Driller's Log		For Office Use Only:	
Permit #:	Office of Level Water Description		Aquifer:	
Driller: Janes U1-Masan	P.O. Box 2309		Well#:	
Date drilling completed: 8-16-09		n, MS 39225 961- 5210	L. S. Elevation:	
Date drilling completed:	(601)96°	1- 5228 (fax)	E-log #:	
State Law requires that this repor	t be prepared by the lice	ense holder responsible for t	the work and filed with the	
Department at the above address	·····	I		
Information on Well C (Landowner if borehole is not fo		well or Bo	rehole Location	
Owner Name Noy Hoiley		Latitude: 29 ° 56 ° 77 7	" Longitude: 89. 44,055,	
Mailing Address: 2515 14	Haira - Luc d	Method of Lat/Long (circle or		
Mailing Address:	10015 - LAVO 10	USGS quad, Hand-held	GPS, Survey-grade GPS	
		5 × 14 Not 14 Sec 33	Twn 5s Rng 5w	
City State	$\frac{5}{38618}$	NE SIV	Negreet Town	
	-	Distance Direction Miles 5	of Aiken	
Telephone No. (663) 623 - 399	7			
	Well / Bore	hole Data	,	
Date drilling started: $\frac{8-16-00}{100}$ Date dri	Iling completed: 8-16-0	19 Hole depth: 185	Hole diameter: $6^{3/4}$	
Location of the source of any surface water used for drilling:				
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): Other:				
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 135 feet above of below (gircle one) land surface Date measured: 8-16-09				
Method of Measurement (circle one) steel tape electric tape air line other: Stroy locish				
Well depth: 185 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 165 feet Casing diameter: 4 inches Type of casing: pcc				
Screen length: 20 feet Screen diameter: 4 inches Type of screen: 2				
Screen slot size: , O(O inches Setting depth: From 165 feet to 155 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 (04/08)	

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SEP 1 4 2009

BY: OLWP

	The sketch	below	only	required	for	water wells
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If well telescopes,	show	depths	on	sketch.
Ground Level.		7		

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
Loly stine	35	115
white soud.	115	135
while clay	135	(38
white sand	138	185
(Darre 3		
		_
		_

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

aid	erty layout and include d in locating the well; 3 a north arrow.	the following: 1) the any roads, power li	well location; 2) nes, or other iter	any permanents and that may aid	nt structures on the pd in locating the prop	roperty that may berty and the well;
	(shed)		M			
		L	0110			
2	⊗ 5e11					∽
			7		\$ 3 P	
Landowner Nai	me: Mey H	ailey			F	OLWR-SWR-1A (04/08

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

laws.

Jones W. Mosov 0-620

Print Name of Responsible Licensee and License No.

9-10-09

Signature of Licensee

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BY: OLWR

STATE WELL REPORT

County: Tote Permit #: Driller: See w Mose Date completed: 8-16-09 Copy information from block on Part 1 This part of the report must be completed.

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
(601)961-5228 (fax)

For Office Use Only:			
Aquifer:			
Well #: 5 6 4			
Elevation:			

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
Owner Name: May Hoiley Mailing Address: 2515 thything tyre	Latitude: 34-36.197 Longitude: 89.44.055 Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code Telephone No. (662) 622 - 3995	USGS quad, Hand-held GPS, Survey-grade GPS

	Pump Typ Circle one			Power Type 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):			Horse Power Ratin	ng of Motor:3/	4
Date Pump Installed	8-16-0	29	Setting Depth:	160	feet
Rated Pump Capacit	y: (<u>((</u>	Gallons Per Minute	Number of Stages:	8	

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 6-16-09 Static Water Level (A): 135 Feet Below Land Surface Pumping Water Level (B): 6-16-09 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify): 3 to y wei, wei		
Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	For flowing well, measured shut in head:		

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge
ر ا	or my knowledge.
Joseph Meson O-620	Gers w. M
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Form: OLWP, SWF-104/091

orm: OLWR-SWPECEIVED