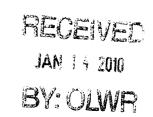
Tula		Duillow's Log	For Office Use Only:_
CountyTate	Part 1 – Driller's Log Mississippi Department of Environmental Quality		Aquifer: 585
Permit #:	Office of Land and Water Resources		
Driller: Joes w. Mason	P.O. Box 2309 Jackson, MS 39225		Well #:
		961- 5210	L. S. Elevation:
Date drilling completed: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1- 5228 (fax)	E-log #:
State Law requires that this repor	t be prepared by the lic	ا ense holder responsible for t	
Department at the above address			
Information on Well O			rehole Location
(Landowner if borehole is not fo	,	Latitude: 34 .38 ,487	" Longitude: 87 ° 40, 757, 57
Owner Name Alvin whiteher	•	Method of Lat/Long (circle on	51
Mailing Address: 30658 hwy	<u>-</u>		
			GPS, Survey-grade GPS
idada s	20/20	NE 14 NE 14 Sec 34	Twn 55 Rng Sw
Holly Spry Ms City Stat	e Zin Code	Distance Direction	Nearest Town
•	•	Distance Direction Miles	of wyatte
Telephone No. (64) 392-396	9		•
	Well / Bore	hole Data	
Date drilling started: \(\frac{12-18-09}{}\) Date dri	lling completed: 12-18-	<u>09</u> Hole depth: <u>∂∞</u> '	Hole diameter: 6314
Location of the source of any surface water Method of dosing and volume of Chlorine			
Logs run (circle all applicable) No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron (Other:
Purpose of borehole (check one): Water We	ellGeotechnical/Geolo	ogical Investigation Ground	Source Heat Pump
	urvey Other (describe		
If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check one): Home V Industrial Public Supply Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level: 125 feet above of below (circle one) land surface Date measured: 12-19-09			
Method of Measurement (circle one) steel tape electric tape air line other: Stry wight			
Well depth: 300 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 190' feet Casing diameter: 4 inches Type of casing: P-1 C			
Screen length: 10 feet Screen diameter: 1 inches Type of screen: pvc			
Screen slot size: , OIO inches Setting depth: From 190 feet to 300 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			

State Well Report

Form: OLWR-SWR-1A (04/08)



The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

Description of format	<u>ions encountered</u>	must be pro	vided for all
wells and boreholes, i	unless specifically	exempted b	y regulation:

Description of Formations Encountered	From (depth)	To (depth)
red sad	Ground Level	30
red sad white sand.	30	900
	·····	
		1
		-
		1
_		

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

aid in	layout and include the following: 1) the well location; 2) any permanent structures on the property that may locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; orth arrow.	
	well House 5	
7	dre way	m
	Hung 4-	
Landowner Name: _	Alvin whitehead.	

Form: 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

Jaws 0-620	1-9-10	Gers a. Man	
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	- Perjeny El Jan 14 2010

BY: OLVID

STATE WELL REPORT

Permit #: Driller: 5 ~ 0 ~ Masor Date completed: 12 ~ 19 ~ 09 Copy information from block on Part 1

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

For Office Use Only:			
Aquifer:	7	85	
Well #:			
Elevation:			_

Copy information from block on Part 1	(601)961-5228 (fax)		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 Informat			Location	
Owner Name: Alux whitehead		Latitude: 34.38.487	Longitude: 89,40,957	
Mailing Address: 30658 kmy 4		Method of Lat/Long (check one): Conventional Survey,		
Holly Springs M3 City State	38635 Zip Code	NE 4 NO 4 Sec 3	Nearest Town	
Telephone No. (64) 392 - 296	4	1/2 Miles E of	wyotte	
Pump Type Circle one			wer Type role one	
Air Lift Jet (Submersible		e 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: 12-19-09		Setting Depth: 16 0		
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:		
2 7 12 1		Mathad of Ma	asuring Water Level	
Pump Test Data			ircle one	
Date Well Tested: 12-19-0°)	Air Line Electric Mea	suring Line Steel Tape	
Static Water Level (A): 125 Feet Below Land Surface		Other (specify): String		
Pumping Water Level (B):Feet Below Land Surface		Other (specify).		
Drawdown [(B) – (A)]:Feet	Below Land Surface	For flowing well, measured sh	ut in head:feet	
Test Pumping Rate: Gallons Per Minute		Well yielded (
Duration of Pump Test (minimum 4 hours):	<u> </u>	feet after	hours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.	
Jans w Moson 0-620	Gos w Men_	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	The Paris
	Form: Ol	WR SMR (16 104/08)

IAN 1 - 2010

