# RECEIVED

MAR 2 9 2007

	State Well Report	Dept or anomamental Quality
County: Total	Part 1 – Driller's Log	Office of Pollution Control
Permit #:	Mississippi Department of Environmental Quality	Aquifer:
	Office of Land and Water Resources	Well #: 29
Driller: Jones w Moson	P.O. Box 10631 Jackson, MS 39289-0631	700
Date drilling completed: 2-27-67	(601)961-5210	L. S. Elevation: J92
<u> </u>	(601)354-6938 (fax)	E-log #:

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. Information on Well Owner Well or Borehole Location (Landowner if borehole is not for a water well) Latitude: 34 .36 ,274 " Longitude: 89 .43 . 127 " Owner Name USGS quad, Hand-held GPS, Survey-grade GPS Miles Nu Telephone No. (667) 560 -4701 Well / Borehole Data Date drilling started: 3-37-07 Date drilling completed: 3-37-07 Hole depth: 360 Hole diameter: 6314" Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):\_\_\_ 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): Home \_\_Industrial \_\_Public Supply \_\_Irrigation \_\_Fish Culture \_\_Other: \_\_Monogenet. If a flowing well, method of flow regulation: Valve PA. Other (describe) 75 feet above of below scircle one) land surface Date measured: 3-38-07 Method of Measurement (circle one) steel tape electric tape air line other: String I weight Well depth: 360 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: 330 feet Casing diameter: inches Type of casing: 30 feet Screen length: Screen diameter: inches Screen slot size: ,O(0 inches Setting depth: From 30 \_feet\_to\_ 260 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

Forn PLWR WRIA

MAR 2 9 2007

BY: OLWR



### The sketch below only required for water wells

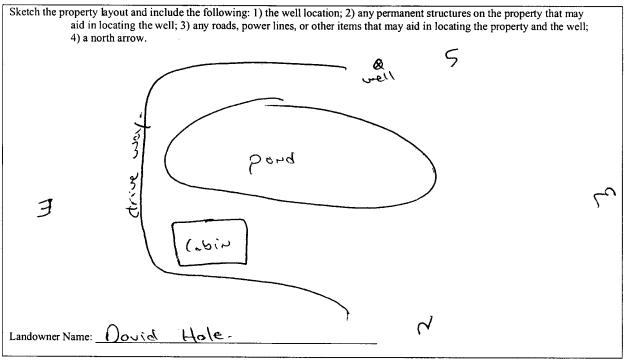
## If well telescopes, show depths on sketch

1	wen rerescopes, show aepins on skeich
	Ground Level

### Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

From (depth)	To (depth)
Ground Level	15
15	3.5
25	960
	1
	From (depth) Ground Level

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



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

Jones W. Majon 0-630 3-34-07. Print Name of Responsible Licensee and License No.

Signature of Licensee

MAR 2 9 2007

MAR 2 9 2007

BY: OLWR

#### STATE WELL REPORT Part 2 County: Tate For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Well #: Date completed: 3-38-07 (601)961-5210 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: 34, 36, 274 Longitude: 89, 43, 127 Owner Name: Dovid Hole Method of Lat/Long (check one): Conventional Survey Mailing Address: Tyatica - Tyro - Cd - Cobin Permit #MS-GW-16312 USGS quad , Hand-held GPS , Survey-grade GPS\_ 314 Miles NW of Tyro-Telephone No. (662) 560 - 4701 **Power Type Pump Type** Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Bucket Piston Turbine Other (specify): Centrifugal Flowing Well Windmill Rotary Horse Power Rating of Motor: 5 40-Other (specify): 140' feet Date Pump Installed: 2 - 38-07 Setting Depth: 90 Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: $\frac{1}{2}$ Electric Measuring Line Steel Tape Air Line Static Water Level (A): 75 Feet Below Land Surface Other (specify): String | weight Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: NA Feet Below Land Surface For flowing well, measured shut in head: 90 Test Pumping Rate: GPM with a drawdown of Gallons Per Minute Well yielded feet after $\partial \mathcal{L}$ hours of pumping Duration of Pump Test (minimum 4 hours): $\partial \mathcal{A}$ hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Tones w Mosan 0-620 Print Name of Pump Installer and License No. (if applicable) W-N Signature of Pump Installer

MAR 2 9 2007

BY: OLWR