State Well Report				
	Driller's Log	For Office Use Only:		
	nt of Environmental Quality and Water Resources	Aquifer:		
P.O.	Box 2309	Well #: <u>A- 144</u>		
	n, MS 39225 961- 5210	L. S. Elevation:		
	1- 5228 (fax)	E-log #:		
State Law requires that this report be prepared by the lic	ense holder responsible for			
<u>Department at the above address within 30 days of comp</u>				
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Bo	orehole Location		
Owner Name Tabbie Peters	Latitude:^	_" Longitude:'		
Mailing Address: 35 Harvey Ratliff Rd,	Method of Lat/Long (circle or	ne): Conventional Survey,		
Mailing Address: <u>30 110000 y Nat 1177 pp</u> )	USGS quad, Hand-held	GPS, Survey-grade GPS		
	1/4 1/4 Sec 23	Twn 4/NV Rng 10E		
Sayess MS 3964 City State Zip Code				
Telephone No. (601) \$10 - 4603	Miles	of Tyler town		
Telephone No. $(\underline{00}) \underline{010} - \underline{100}$		/		
Well / Bore		<b>N</b> 1.		
Date drilling started: 2.18-0 9 Date drilling completed 2.18-0	09 Hole depth: 120	Hole diameter: 712		
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel	lopment: <u>\$POCK</u>	· · · · · · · · · · · · · · · · · · ·		
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	Other:		
Purpose of borehole (check one): Water Well Z Geotechnical/Geol	ogical Investigation Ground	l 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:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: <u>50</u> feet above or below (circle one) land surface Date measured: <u>2-15-09</u>				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 20 Well grouted to a depth of 10 feet Type of grout (circle one); Neat Cement Bentonite Mix				
Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC				
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>				
Screen slot size:				
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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		MAR 0 9 2009		

BY: OLWR

A- 144

## The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Leve		· · · ·		
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	1			
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	1			
	1			

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)
to PSOIL	Ground Level	a
Clay	0	80
Sand	80	120
······································		

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.

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

Date

JAMES WELLS 0.586

Print Name of Responsible Licensee and License No.

amos Walls

Signature of Licensee

MAR 0 9 2009 BY: OLWR

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STATE WELL REPORT			
County: Walthall	Part 2		For Office Use Only:
Permit #:	Pump Installer's Completion Report Mississippi Department of Environmental Quality		ality Aquifer:
Driller: JAMES WEUS	Office of Land and Water Resources P.O. Box 2309		Well #: <u>A-144</u>
Date completed: 2-18-09	Jackson, MS 39225 (601)961-5210		Elevation:
Copy information from block on Part 1	(601)961-5228 (fax)		
This part of the report must be completed report must be attached and both parts fil	by a licensed water well o ed with the Department a	contractor or a license t the above address wi	d pump installer. A copy of Part 1 of the thin 30 days of well completion.
Well Owner Informat	tion		Well Location
Owner Name: Tabbie Pete		Latitude:	Longitude:
Mailing Address: 35 Harvey	Rattliff Rd.	Method of Lat/Long	(check one): Conventional Survey,
		USGS quad, H	land-held GPS, Survey-grade GPS
Jayess Me	5 39641	<sup>1</sup> /4 <sup>1</sup> /4	Sec 23 THN R 10E
City State	Zip Code	Distance Di	rection Nearest Town

0

· · · ·

Telephone No. (601) 810-4603 Miles **Power Type** Pump Type Circle one Circle one Diesel Engine Gasoline Engine Natural Gas Air Lift Jet Submersible Turbine Electric Motor Hand Tractor PTO Bucket Piston Other (specify): Windmill Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): 2-18-09 180 Catting Donth. faat . . . .

Pump Test Data       Method of Measuring Water Level         Date Well Tested:       2.18-09         Static Water Level (A):       SO         Feet Below Land Surface       Air Line         Pumping Water Level (B):       IOU         Feet Below Land Surface       Other (specify):         Drawdown [(B) - (A)]:       S5         Feet Below Land Surface       For flowing well, measured shut in head:         Test Pumping Rate:       Gallons Per Minute         Descine (Desc Test (spinsor 4 hours))       Kursen	Rated Pump Capacity:Gallons Per Minute	Number of Stages:
Duration of Pump 1 est (minimum 4 nours):nours	Date Well Tested: $2 \cdot 18 - 09$ Static Water Level (A): $50$ Feet Below Land Surface Pumping Water Level (B): $100$ Feet Below Land Surface Drawdown [(B) – (A)]: $55$ Feet Below Land Surface	Circle one Air Line Electric Measuring Line Steel Tape Other (specify): For flowing well, measured shut in head:feet

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
JAMES NEWS 0-	586	ames Walls	
Print Name of Pump Installer and License No. (if applicable)		Signature of Pump Installer	
		Form: OLWR-SWR-1B (04/08)	

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