County: Walthow	Part 1 - Driller's Log	For Office Use Only:			
County.	Mississippi Department of Environmental Quality	Aquifer:			
Permit #:	Office of I and and Water Decourage	Well #: C-/47			
Driller: Ertegerald hall Seren	P.O. Box 10631	Well #:			
Date drilling completed: 5/23-08	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:			
	(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					
Information on Well C	within 30 days of completion of drilling of the well	or borehole.			
(Landowner if borehole is not fe	Y'CE OF DA	rebole Location			
	Latitude 310 . 13 · You	Longitude: 90 13 . 364			
Owner Name Thomas Blue		Latitude: 310 · 13' · 465." Longitude: 90 13' · 364"			
Mailing Address: Elliot (em	Hung Rd) Method of Lat/Long (circle of	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held	GPS, Survey-grade GPS			
Tylerkun m. Cin Stat	S 4 5ec 18	Twn 3 N Rng 10 E			
City Stat	e Zip Code Distance Direction	Nearest Town			
Telephone No. ()_	Milae	of			
Well / Borchole Data Date drilling started: 5-22-08 Hole depth: 108' Hole diameter: 8''					
Location of the source of any surface water Method of dosing and volume of Chlorine	r used for drilling; 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 WellGeotechnical/Geological Investigation Ground Source Heat Pump					
Scismic SurveyOther (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: 48 feet above or below (circle one) land surface Date measured: 5-19-08.					
Method of Measurement (circle one) seel tape electric tape air line other:					
Well depth: 108 Well grouted to a dep	th of 10 feet Type of grout (circle one): Neat Cem	Bentonite Mix			
Casing length: 98' feet Casing diameter: 9" inches Type of casing: Puz					
Screen length: 10 feet Screen diameter: 4" inches Type of screen: Puc					
Screen slot size: 012 inches Setting depth: From 986 feet to 105 feet					
Type of completion (circle all applicable): Travel packed Underreamed Telescoped Open hole Natural Development					
	Other (describe):	,			

feet. If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing: ___

State Well Report

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BY: OLWR

Ground Level		Description of Formations Encountered	Prose (depth) General Lavel	To (depth)
		Cluf,	0	22
		Scarty	1 38	100
		(who sund)	80	108
if more than one serven, she	pw location of each on a	kutch		
4) a north arrow,	camp	the well location; 2) my parameter structures on the riems, or other items that may ald in locating the p		
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wher Name: Thamas	EII.	& well	Form: OLWA	
wher the well/bershole w	Elling Blue	Cenetury Rd		SWR-1A
wher Name: Thamas that the well-herabele was pul Department of Environ of Fifzen H	Ellio-	Cenetury Rd and completed in accordance with all applicable the Ministratory Department of Moulth regulations	Form: OLWR- requirements of s	SWR-1A he
wher Name: Thamas what the well-bershele well- pul Department of Environ of Fitzer H	Eller Blue Contracted	Cenetury Rd Cenetury Rd Completed to accordance with all applicable She Minimized Department of Books regulations She Minimized Department of Books regulations	Form: OLWA- requirements of si , if applicable, and	SWR-1A

STATE WELL REPORT

County: Le al-Preue Driller Fytzelveld Wellers.

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#: C-147	
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 Latitude: 310 13 405" Longitude: 90° 13 '36.4" Owner Name: Thomas Blue. Elliot cenelary Rd Mailing Address: Method of Lat/Long (check one): Conventional Survey USGS quad____, Hand-held GPS___, Survey-grade GPS___ __ ¼ ____ ¼ Sec___ T___ R Distance Direction Telephone No. (___ Miles _____ of __ 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): Horse Power Rating of Motor: Date Pump Installed: 5-22-08. Setting Depth: 100 feet Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Steel Tape Air Line **Electric Measuring Line** 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 feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge
Brad Fitzgald 029	a Total
Print Name of Pump Installer and License No. (if applicable)	ned styla
1 THE TABLE OF TWEE PRODUCT AND LECEUSE (NO. (II SUPPRCEOSE)	Signature of Pump Installer

JUN 3 0 **2008**

BY: OLWR