r	State We	ell Report	For Office Use Only:		
County: TONALA CONTRACTOR	Part 1 – Driller's Log		•		
- 1	Mississippi Department of Environmental Quality		Aquifer:		
Permit #: COAITHAII CO.	Office of Land and	d Water Resources	Aquifer:		
Driller: J.C. Syninall	P.O. Box 2307				
1 / / 1	Jackson, MS 39225 (601)961- 5210		L. S. Elevation:		
Date drilling completed: 1/26/59	(601)961-5210 (601)961-5228 (fax)		E-log #:		
1		t alden meen angible for			
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 Ow	l Owner Well or I		rehole Location		
(Landowner if borehole is not for a water well)  Owner Name TCC E. BARNES  Mailing Address: //2 Hope and Red  Mailing Address: //2 Hope and Red		* .*. 1 0 ?	" Longitude: ° ' "		
		Latitude:° Longitude:° "			
		Method of Lat/Long (circle or	ne): Conventional Survey,		
		USGS quad, Hand-held GPS, Survey-grade GPS			
		1/4 1/4 Sec _ 2 ·	Twn Rng //c		
City State Zip Code		5 Miles SF	Nearest Town of tyleitown Ms		
Telephone No. (601) 876 - 31	149		1/1		
	L	- L. D4.			
	Well / Boreh		21		
Date drilling started: 1/26/Pate drilling completed: 1/26/09 Hole depth: 103 Hole diameter: 7/3					
Location of the source of any surface water used for drilling: Pot 3B/4 iv 4/4/					
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): HomeIndustrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 80 feet above of below (circle one) land surface Date measured: 1/26/09					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 163 Well grouted to a depth of 16 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 93 feet Casing diameter: 4 inches Type of casing: PUC  Screen length: 10 feet Screen diameter: 4 inches Type of screen: PUC					
Screen length: / C feet Screen diameter:					
Screen slot size: , 010 inches Setting depth: From 93 feet to 103					
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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BY: OLWR

## The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level\_

## joi water wens

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)
	Ground Level	
		<u> </u>
TegScil	0	
Strity 147	1	80
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SAND	180	103
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		1
		J

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

Sketch the property layout and include the following: 1) the waid in locating the well; 3) any roads, power line: 4) a north arrow.	ell location; 2) any permanent structures on the property that may s, or other items that may aid in locating the property and the well;
0 14 48E	11 48
Tylertan 148E	Alvelia
	The state of the s
	E wall
	Hopgod Rd
Landowner Name: Jee E BAMES	
	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

Fordar well SOV. 8-508 1/26/09

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

## STATE WELL REPORT Part 2 County: MAITHAII For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Permit #: Office of Land and Water Resources Driller: J. C. Sumual P.O. Box 2309 Well #: Jackson, MS 39225 Date completed: 1/26 (601)961-5210 Elevation: (601)961-5228 (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 Location **Well Owner Information** Latitude: Longitude: Owner Name: - E Method of Lat/Long (check one): Conventional Survey\_\_\_\_, Mailing Address: USGS quad , Hand-held GPS\_\_\_, Survey-grade GPS\_\_\_ 1/4 \_\_\_\_\_1/4 Sec\_\_\_\_21/4 T\_\_\_/ R\_\_\_// State Zip Code Nearest Town Distance Direction 5 Miles SE of ty/extown Ms Telephone No. (6/) 876 - 3/49 **Power Type** Pump Type Circle one Circle one Natural Gas Diesel Engine Gasoline Engine Air Lift let Submersible Tractor PTO Piston Turbine Electric Motor Hand Bucket Windmill Other (specify): Rotary Flowing Well Centrifugal Horse Power Rating of Motor: \_ Other (specify): Date Pump Installed: 1/26/09 Setting Depth: Rated Pump Capacity: \_\_\_\_\_\_ Gallons Per Minute Number of Stages: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: Steel Tape Electric Measuring Line Air Line Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_feet Drawdown [(B) - (A)]: Feet Below Land Surface

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge
Frint Name of Pump Installer and License No. (if applicable)	Signature of Purip Invaller
	Form: OLWR-SWR-1B (04/08)

Well yielded / C GPM with a drawdown of

feet after \_\_\_\_\_hours of pumping

Test Pumping Rate: \_\_\_\_\_\_Gallons Per Minute

Duration of Pump Test (minimum 4 hours):