STATE WELL REPORT

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

For Office Use Only:					
Aquifer:					
Well #:	J-	76			
Elevation:	V	The State of the S			

(601)961-5210 (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: 31 3 597 Longitude: 90 3 Owner Name: Accline Farms Mailing Address: Mt. MoliAH Rd Method of Lat/Long (check one): Conventional Survey_ USGS quad_____, Hand-held GPS____, Survey-grade GPS____ 1/4 1/4 Sec T R Distance Direction Nearest Town Telephone No. (__ Miles _____ of ___ Pump Type Power Type Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): ____ Other (specify): Horse Power Rating of Motor: -7-0 q. Date Pump Installed: Setting Depth: Rated Pump Capacity: _ Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: ___ Air Line Electric Measuring Line Steel Tape 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: ____ 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 my knowlegige Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer Form: OLWR-SWR-1B

RECEIVED

MAY 0 1 2009

BY: OLWR

- 14			
Stat	e Well Report		
County: Wathaw Part	1 - Driller's Log	For Office Use Only:	
Mississippi Dena	rtment of Environmental Quality	Aquifer:	
Permit #: Office of L	and and Water Resources	Aquifer:	
Driller: FI CHO WELL SEVE	P.O. Box 10631		
D Jacks	on, MS 39289-0631	L. S. Elevation:	
Date drilling completed. 2	(601)961-5210 01)354-6938 (fax)	E-log #:	
(Ot	71)334-0938 (lax)	E-log #.	
State Law requires that this report be prepared by the Department at the above address within 30 days of	he license holder responsible for ti completion of drilling of the well	he work and filed with the or borehole.	
Information on Well Owner		rehole Location	
(Landowner if borehole is not for a water well)	310 3 500	2 60 3 3111	
Owner Name Airline Frims	Latitude J 8 3 017	A Longitude: 90 3.31.11	
	Method of Lat/Long (circle on		
Mailing Address: Mt. Movieth Rd			
	USGS quad, Hand-held	GPS, Survey-grade GPS	
Tyleotoma ns.	NE 1/1 NE 1/4 Sec //	_Twn / Rng // E	
Tylertour MS. City State Zip Code	Distance Direction	Nearest Town	
	Miles	of	
Telephone No. ()			
Date drilling starte 209 Date drilling completed: 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 Name of organization running log(s):			
Purpose of borehole (check one): Water Well Geotechnical	(Gaslavian) Investigation Company		
Georgianical value wen Georgianical	Geological Investigation Ground	Source Heat Pump	
Seismic SurveyOther (des	cribe)	E-rest additional and deglide physical confidence in the confidenc	
If drilling is not related to water well constr	uction, skip the remainder of this bloc	ck	
Purpose of Well (check one): HomeIndustrial Public S	upplyIrrigationFish Culture_	_ Other: Poultry House	
If a flowing well, method of flow regulation: Valve	Other (describe)		
0.5	one) land surface Date measured:	3-7-091	
Method of Measurement (circle one) areel take electric	-		
Well depth. Lo Well grouted to a depth of of feet	Type of grout (circle one): Yeat Ceme	Bentonite Mix	
Casing length: 140 feet Casing diameter: 4	inches Type of casing:	Dic	
Screen length: 20 feet Screen diameter: 4"		ove	
Screen slot size: Ologia inches Setting depth: Fro	om 140 feet to 160	feet	

Underreamed Telescoped Open hole

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

Type of completion (circle all applicable):

Top of lap pipe or reduction in casing:

Gravel packed

Other (describe):

Form: OLWR-SWR-1A

Natural Development

MAY 0 1 2009 BY: OLWR Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Ground Level		Descripti	on of Formations Encountered		To (depth)
				Ground Level	
×			Cluy	10	20
		Marin a substitution for the substitution of t	Sund.	20	60
			Cluy	60	80
			Sandi	180	110.
			cluy	110	130
			50hd	130	140
	27 -		couse sand	140	160

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		Service of the servic			
	. 12	***************************************			AVAILABLE DE LA COLONIA DE
		Pro-Scotlander College			
If more than one screen, s	show location of each o	n sketch			
tch the property layout and	include the following:	1) the well location; 2)	any permanent structures on the	property that may	-
		ower lines, or other item	any permanent structures on the pass that may aid in locating the pro	perty and the well	
4) a north arrow.	Auto and a land			, ,	
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fy that the well/borehole	was drilled, construct	ed and commisted in	ccordance with all applicable re	Form: OLWR-	SWR-1A
seinni Danautarant - 670	the at med, compet act	cu, and completed in a	ccordance with all applicable re	equirements of th	te
ostput of Environment of Envi	ironmental Quality ar	d the Mississippi Depa	artment of Health regulations, i	f applicable, and	state
11			1 60 1		
Ad Fitzgrald	0291	3-7-09,	Bed Styld		
The second secon	The state of the s	and the second s	sea o your	D	ECENT
Name of Responsible Lice	ensee and License No.	Date	Signature of License		ECEIVE
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				D	V. OLIA
				D	Y: OLW

The sketch below only required for water wells

If well telescopes, show depths on sketch.