	State W	ell Report			
County: WAITHAII		riller's Log	For Office Use Only:		
	Mississippi Department of Environmental Quality		Aquifer:		
Permit #:	Office of Land and Water Resources		Well #: K-87		
Driller: J.C. Sum Rell	P.O. B	ox 10631	Well#:		
	Jackson, M	S 39289-0631	L. S. Elevation:		
Date drilling completed: 7/18/67		961-5210			
1-1	(601)354	l-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 (Well or Bo	rehole Location		
(Landowner if borehole is not f	. /	Latituda: ° '	" Longitude:°"		
Owner Name Robert & Gol	ie danson	Lantude	Longitude		
owner runne	Clash	Method of Lat/Long (circle on	e): Conventional Survey.		
Mailing Address: 256 Juna	se- TATELINE	/			
	14	USGS quad, Hand-held	GPS, Survey-grade GPS		
11		1/ 1/ 5 27	Twn / NRng /2 E		
lyfeitown /	39667		Iwn // Rng /2 /		
City Sta	te Zip Code	Distance Direction	Nearest Town		
		Distance Direction Miles 5	of Tylestaux		
Telephone No. (985. 335- ;	2419		777		
	Well / Desert	-I. D.4			
1.10	Well / Borel	iole Data			
Date drilling started: 7/18/00 Date dr	illing completed: 7/18/1	7 Hole depth: 146	Hole diameter: 7/2		
Date drilling started: 1/18/07 Date drilling completed: 1/18/07 Hole depth: 1/10 Hole diameter: 7/12 Location of the source of any surface water used for drilling: Potable water for drilling: Potable water for drilling and development.					
Method of dosing and volume of Chlorine	e used in drilling and develo	opment:	7,70		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s):	Summa Ruy	Bensity Some Teatron	Stilet.		
	./				
Purpose of borehole (check one): Water W	ell V Geotechnical/Geolo	gical Investigation Ground	Source Heat Pump		
Saigmia	Common Other (december)				
Seismic S	Survey Other (describe)	skin the name in the of this 11			
		, skip the remainder of this blo			
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulatio	n: Valve Ot	her (describe)			
Static Water Level: 60 feet above or below (circle one) land surface Date measured: 7/18/07					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 40 Well grouted to a depth of 6 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 136 feet Casing diameter:inches Type of casing:					
Screen length: 10 feet Screen diameter:inches Type of screen: Pvc					
Screen slot size:inches Setting depth: Fromfeet tofeet					
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
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JUL 3 1 2007 BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

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)
('1	Ground Level	
TOP SOIL	0	
1 / 2/		
SAND, CA	/	60
Stad	60	05
	-	
CAG	85	105
7./		·
Stud	105	140
	Contraction of the Contraction o	

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

Landowner Name: Destry 18 D	Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the pro 4) a north arrow.	property that may perty and the well;
Jur Mare - Statelies		
Jur Mare - Statelies	Proxitory 48 Dexter	
Landowner Name: TurMaje Statelies Whist Airppi	48	~
Landowner Name: TurNAse = Statelie o Whist Airpp;		
Landowner Name:	State!!ee	
Tuesment Tuesment	Landowner Name: LouisiALA LouisiALA	

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

Print Name of Responsible Licensee and License No.

Date

te Signature of Licensee

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BY: OI WE

STATE WELL REPORT

Part 2 **Pump Installer's Completion Report** Permit #:

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 #:	K-87	
Elevation:		

Date completed: 2/18 (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 Location Well Owner Information Latitude: Longitude: Method of Lat/Long (check one): Conventional Survey USGS quad_____, Hand-held GPS____, Survey-grade GPS____ 1/4 1/4 Sec 32 T / R /2 E Direction Distance Nearest Town Telephone No. \$85)- 335- 5419 6 Miles SE of Tylertown **Pump Type Power Type** Circle one Circle one Air Lift Submersible 2 Diesel Engine Gasoline Engine Natural Gas Jet Electric Motor Bucket Piston Turbine Hand **Tractor PTO** Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: Other (specify): Date Pump Installed: 7/19 Setting Depth: Gallons Per Minute Rated Pump Capacity: 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: Test Pumping Rate: _____ Gallons Per Minute Well yielded / © GPM with a drawdown of

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.
Jordan Well Ser D-508	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Form: OLWR-SWR-1B

Duration of Pump Test (minimum 4 hours): ______hours

_____feet after _____hours of pumping