	1	ell Report	For Office Use Only:				
County: 12'AITHA/1	Part 1 – Driller's Log		·				
• ·	Mississippi Department of Environmental Quality		Aquifer: $L = 50$				
Permit #:		Office of Land and Water Resources P.O. Box 2307					
Driller: J.C. Sum MAI		, MS 39225	L. S. Elevation:				
Date drilling completed: 12/10/08		961-5210	L. S. Elevation.				
Date driffing completed.	- (601)961-5228 (fax)		E-log #:				
State Law requires that this repo	- ort be prepared by the lice is within 30 days of comi	ense holder responsible for eletion of drilling of the we	the work and filed with the Il or borehole.				
Department at the above address within 30 days of com Information on Well Owner		Well or Borehole Location					
(Landowner if borehole is not for a water well) Dwner Name Mike Frecine Mailing Address: 290 A.19ie, R. S.4.44 Hook, MS.		T (1 1 - 0 ?	" Longitude: ° '				
		Latitude:' Longitude:' Method of Lat/Long (circle one): Conventional Survey,					
		USGS quad, Hand-held GPS, Survey-grade GPS $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $					
				Telephone No. (958 516 - ;	2/60		
					Well / Bore	hole Data	
Location of the source of any surface wa	ter used for drilling:	CTABLE WAT	er				
Location of the source of any surface wa Method of dosing and volume of Chlori Logs run (circle all applicable): (No log r Name of organization running log(s): Purpose of borehole (check one): Water V	ter used for drilling: ne used in drilling and deve un Electric Gamma Ray Well Geotechnical/Geol	lopment: Density Sonic Neutron ogical Investigation Group	Other:				
Location of the source of any surface wa Method of dosing and volume of Chlori Logs run (circle all applicable): No log r Name of organization running log(s): Purpose of borehole (check one): Water	ter used for drilling: ne used in drilling and deve un Electric Gamma Ray Well Geotechnical/Geol	OFABI€ (1./A+1) lopment: Density Sonic Neutron	Other: Other: nd Source Heat Pump				
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Location of the source of any surface wa Method of dosing and volume of Chlori Logs run (circle all applicable): (No log r Name of organization running $log(s)$: Purpose of borehole (check one): Water V Seismic If drilling is not related Purpose of Well (check one): Home \Box If a flowing well, method of flow regulat Static Water Level: 22 c feet Method of Measurement (circle one) \langle Well depth: 280 Well grouted to a of Casing length: 20 feet Screen length: 20 feet Screen slot size: 20 c feet 20 c feet	ter used for drilling: ne used in drilling and deve un Electric Gamma Ray Well Geotechnical/Geol c Survey Other (describe a to water well construction Industrial Public Supply ion: Valve (above of below (circle one) steel tape electric tape depth of feet Type sing diameter: reen diameter: Setting depth: From	C + A B + C A A + A lopment: Density Sonic Neutron logical Investigation orgical Investin orgical Investin	$\begin{array}{c} & & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ $				
If drilling is not relatePurpose of Well (check one): HomePurpose of Well (check one): HomeIf a flowing well, method of flow regulatStatic Water Level: $/2c$ feet :Method of Measurement (circle one)Well depth: $/80$ Well grouted to a consing length: $/2c$ feetScreen length: $/2c$ feetScreen length:	ter used for drilling: ne used in drilling and deve un Electric Gamma Ray Well Geotechnical/Geol Survey Other (describe to water well construction Industrial Public Supply ion: Valve (Construction above of below (circle one) steel tape electric tape depth of feet Type sing diameter: reen diameter: Setting depth: From): Gravel packed Unde	C + A B + C A A + A + B + C A + A + A + A + A + A + A + A + A +	Other: Other: and Source Heat Pump block eOther: $eOther: find for the formula formula formula$				
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and required for water wells

Jround Lev	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)
	Ground Level	
topSoil	0	7
S. Aren C.A.	1	50
S. proy C. Au	F	
Cla	502	130
CAIO	130	180
	<u></u>	
		+
		+
	+	
	+	
	<u> </u>	
		+
		<u> </u>

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. letton ~ FULLION KY8E wider J pwell Landowner Name: Mike Freem And LOY.

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

Mull Ser. 0-508 12/10/08 ante Date

Print Name of Responsible Licensee and License No.

laws.

Signature of Licensee

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STATE WELL REPORT							
County: $\underline{LiAITHAH}$ Permit #: Mis Driller: $\underline{T.C.SumrAH}$ Date completed: $\underline{I2/10/68}$	Part Part Part Part Part Part Part Part	art 2 s Completion Report t of Environmental Quality and Water Resources Box 2309 a, MS 39225 961-5210 1-5228 (fax)	For Office Use Only: Aquifer: Well #: 2 - 50 Elevation:				
Copy information from block on Part 1							
This part of the report must be completed by a li report must be attached and both parts filed with	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	n me Depuriment u	We	Il Location				
Owner Name: Mike Freeme		Latitude:	Longitude:				
Mailing Address: 290 Accie BL		Method of Lat/Long (check one): Conventional Survey,					
Study Hock, MS_		USGS quad, Hand-held GPS, Survey-grade GPS					
City State Zip Code		$- \frac{1}{4} - \frac{1}{4} \sec \frac{2}{4} + \frac{7}{1} - $					
		Distance Direction Nearest Town					
Telephone No. (85)-576-216t		<u>IC Miles ESE of tylertown</u>					
Pump Type Power Type							
Circle one			ircle one				
Air Lift Jet Subr	mersible		ne Engine Natural Gas				
Bucket Piston Turb	oine 🤇	Electric Motor Hand	Tractor PTO				
Centrifugal Rotary Flow	wing Well		(specify):				
Other (specify):		Horse Power Rating of Motor	:/				
Date Pump Installed: 10/10/08		Setting Depth: / 7/2 feet					
Rated Pump Capacity:Gallo	ons Per Minute	Number of Stages:5					
Pump Test Data		Method of Me	asuring Water Level				
Date Well Tested: 12/10/08		C	ircle one				
Static Water Level (A): <u>770</u> Feet Below Land Surface		Air Line Electric Measuring Line Steel Tape					
Pumping Water Level (B):Feet Below		Other (specify):					
Drawdown [(B) – (A)]:Feet Below	w Land Surface	For flowing well, measured sh	nut 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 a	are true to the best of	f my knowledge.					
Torday Well Seg. 0	-508	MACTA					
Print Name of Pump Installer and License No. (if	applicable)	Signature of Pamp In	Form: OLWR-SWR-1B (04/08)				
		/	RECEIVED				
			DEC 2 2 2008				
			BY: OLWR				

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