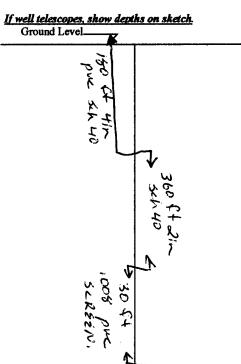
	State Well Report	
county: Washington	Part 1 – Driller's Log	For Office Use C
	ippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
Driller: Charles M. A. didas	P.O. Box 10631	Well #:
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 10-4-07	(601)961-5210 (601)354-6938 (fax)	E-log #:
State Law requires that this report be prep Department at the above address within 3		
Information on Well Owner	Well or B	orchole Location
(Landowner if borehole is not for a water	I atituda: 270 97 254	V Longitude (SID 5)
Owner Name U.S. FORESTRY S	Method of Lat/Long (chicle o	
Mailing Address: P. P. Box 22	7	
		1GPS) Survey-grade GP
6	42	<u>3</u> <sub>Twn</sub> <u>19</u> <sub>Rng</sub>
STONEVILLE MG	Zip Code Distance Direction	Nearest Town
- -	$2$ Miles $\mathcal{N}\mathcal{W}$	of <u>Stoneuille</u>
Telephone No. ()	—   ·	
	Well / Borehole Data	
Date drilling started: 10:3 Date drilling com	pleted: 10-4 Hole denth 550	Hole diameter: 7 7/3
Location of the source of any surface water used for Method of dosing and volume of Chlorine used in d	drilling: <u>3+crrCv, 1/e public</u> Irilling and development: 1/4 7 1/4	water
		~
Logs run (circle all applicable): No log run Electri Name of organization running log(s):	c Gamma Ray Density Sonic Neutron	Other:
Purpose of borehole (check one): Water Well V Ge	cotechnical/Geological Investigation Ground	d Source Heat Pump
Seismic Survey	Other (describe)	
If drilling is not related to water	well construction, skip the remainder of this b	lock
Purpose of Well (check one): Home Industrial	Public SupplyIre	Other:
If a flowing well, method of flow regulation: Valve	Other (describe)	
Static Water Level: 35 feet above or be	<b>`</b>	
······································		
Method of Measurement (circle one) steel tape	electric tape air line other:	7-29-07
Well depth: $570$ Well grouted to a depth of $100$	feet Type of grout (circle one): Neat Cen	nent Bentonite Mix
Casing length: <u>440</u> feet Casing diamete	er: $47 \times 2$ inches Type of casing:	sue
		1
		A A
·	er: <u>2</u> inches Type of screen:	
Screen length: <u>30</u> feet Screen diameter Screen slot size: <u>005</u> inches Setting		
·	g depth: From <u>440</u> feet to	470 feet
Screen slot size: <u>1055</u> inches Setting Type of completion (circle all applicable): Gravel p	g depth: From <u>440</u> feet to	hole Natural Develop
Screen slot size: <u>OS</u> inches Setting Type of completion (circle all applicable): Gravel p Other (c	g depth: From <u>440</u> feet to packed Underreamed Telescoped Open describe):	hole Natural Develop
Screen slot size: <u>1055</u> inches Setting Type of completion (circle all applicable): Gravel p	g depth: From <u>440</u> feet to backed Underreamed Telescoped Open describe):	4.70 feet hole Natural Develop en, describe on next page
Screen slot size: <u>OS</u> inches Setting Type of completion (circle all applicable): Gravel p Other (c	g depth: From <u>440</u> feet to packed Underreamed Telescoped Open describe):	hole Natural Develop en, describe on next page
Screen slot size: <u>OS</u> inches Setting Type of completion (circle all applicable): Gravel p Other (c	g depth: From <u>440</u> feet to packed Underreamed Telescoped Open describe):	4.70 feet hole Natural Develop en, describe on next page
Screen slot size: <u>OS</u> inches Setting Type of completion (circle all applicable): Gravel p Other (c	g depth: From <u>440</u> feet to packed Underreamed Telescoped Open describe):	hole Natural Develop en, describe on next page

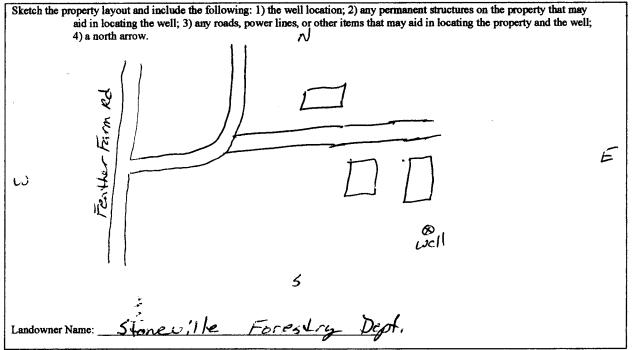
## The sketch below only required for water wells



Description of formations encountered	must be provide	ed for all
wells and boreholes, unless specifically	v exempted by re	gulations
Description of Formations Frequentered	Emm (denth)	To (denth)

Description of Formations Encountered		To (depth)
	Ground Level	
CIRIZ	0	15
Sand & gravel	15	105
Class	105	370
Sanon Claus	320	420
fine sand	420	490
med Jand	480	520
med to course sand	5-20	540
COURSE SANC	540	560
med to course sind	560	550
······································		
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	• • • • • • • • • • • • • • • • • • • •	<u>لــــــــــــــــــــــــــــــــــــ</u>

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



Form: OLWR-SWR-1A

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

laws. Charles

ルチーロラ Kar Date

Print Name of Responsible Licensee and License No.

Signature of Licensee

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MEV 3 7 2007 **P**Y 214 3

	STATE WELL REPORT			
County: $\underline{-2023}$ $\underline{-1012}$ $\underline{-2012}$ Permit #:	Part 2   For Office Use Only:     s Completion Report   Aquifer:     and Water Resources   Aquifer:     Box 10631   Well #:     MS 39289-0631   Elevation:     961-5210   Elevation:			
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	Well Location			
Owner Name: U.S. FORESTRY SERVICE	Latitude: 33.27;286 Vongitude: 09055; 4274			
Mailing Address: P. P. Box 227	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS			
<u>STONEVIIIL M5 38776</u> City State Zip Code	¼ _k SecT R   Distance Direction Nearest Town			
Telephone No. ()	2 Miles NW of Stene U, 11e			
Pump Type Circle one	Power Type 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: 11/2			
Date Pump Installed: 10-29、07	Setting Depth:feet			
Rated Pump Capacity:Gallons Per Minute	Number of Stages:			
Pump Test Data	Method of Measuring Water Level			
_	Circle one			
Date Well Tested:     Static Water Level (A):     35     Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B):Feet Below Land Surface	Other (specify):			
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:Gallons Per Minute				
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Charles</u> <u>M. Nichols</u> <u>0.0667</u> <u>Charles</u> <u>M. Nichols</u> Print Name of Pump Installer and License No. (if applicable) Form: OLWR-SWR-1B				

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