| | State W | ell Report | | | |
|---|--|---|---|--|--|
| , | | Driller's Log | For Office Use Only: | | |
| County: Washington | | | A:C | | |
| Permit #: 6442725 | Mississippi Department of Environmental Quality Office of Land and Water Resources | | Aquifer: | | |
| | | | Well #: 5-152 | | |
| Driller: Charles M. Dichols | P.O. Box 10631 Jackson, MS 39289-0631 | | L. S. Elevation: | | |
| | | | L. S. Elevation: | | |
| Date drilling completed: 6 9 08 (601)961-5210 (601)354-6938 (fax) | | E-log #: | | | |
| | (001)33 | 4-0938 (IAX) | D-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 (| | | rehole Location | | |
| (Landowner if borehole is not fo | or a water well) | | | | |
| M'ICamel | AIT C | Latitude: 33 03, 759 N" Longitude: 019 03:395 W | | | |
| Owner Name Middle TON | 1-19,10. | Method of Lat/Long (circle or | | | |
| Mailing Address: P. O. Box | 420 | Mentod of Pan Foul (circle of | ie). Conventional Survey, | | |
| Waining Address. | | USGS quad, Hand-held | GPS Survey-grade GPS | | |
| _ | | | | | |
| TLEN FILLEN 113 38744 | | 56 1/2 E 1/4 Sec /6 | Twn 14 ng 8 Rng 8 | | |
| | | Distance Direction | Nearest Town of Glenn Hilen | | |
| T-leskage No. () | | Miles 4/est | of Jenn Hien | | |
| Telephone No. () | |) | | | |
| | Well / Bore | chole Data | | | |
| 104 | | 46 | - 1 | | |
| Date drilling started: 6-9-08 Date dr | illing completed: 6-7 | ************************************** | Hole diameter. 36 | | |
| Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: | | | | | |
| Method of dosing and volume of Chloring | e used in drilling and deve | looment HTH | | | |
| mother of dooring and volume of District | • •••• •• •• •• •• •• •• •• •• •• •• •• | | | | |
| 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 SupplyIrrigation_ Fish CultureOther: | | | | | |
| If a flowing well, method of flow regulation: Valve Other (describe) | | | | | |
| Static Water Level: 15 feet above of below (circle one) land surface Date measured: 6-9-08 | | | | | |
| | | | | | |
| | | | | | |
| Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat center Bentonite Mix | | | | | |
| Casing length: 60 feet Casing diameter. 6 inches Type of casing: | | | | | |
| Screen length: 40 feet Screen diameter: 16 inches Type of screen: | | | | | |
| Screen slot size: | | | | | |
| Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development | | | | | |
| | 0.1 (1 9.5 | | | | |

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

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

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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 | | o (depth) |
|---------------------------------------|--------------|-----------|
| sandy clay | Ground Level | 25 |
| med asind | 25 | 30 |
| med to course sand | 30 | 40 |
| med sand | 40 | 70 |
| course sand + little proposition | 170 | 100 |
| cemented gravel | 100 | 101 |
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If more than one screen, show location of each on sketch

| | 1) the well location; 2) any permanent structures on the property that may over lines, or other items that may aid in locating the property and the well; | ٦ |
|------------------------------|---|---|
| 4) a north arrow. | EW \ | ı |
| (enell | 13/ / | ŀ |
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| | 13/ Lat hington | |
| ω | Lake washington | - |
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| <i>→</i> * | 3 | ł |
| | | |
| Landowner Name: Ken Middeldo | | |

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

Date

Print Name of Responsible Licensee and License No.

Signature of Licensee

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BY: OLWR

STATE WELL REPORT

Part 2 County: 4) ashing to For Office Use Only: Permit #: Cow (12725 Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources Driller Charles An Nichols P.O. Box 10631 Jackson, MS 39289-0631 Date completed: 6-16-08 (601)961-5210 Elevation: (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 Well Location Latitude: 33°03.759 N Longitude: 090°03.395 W Method of Lat/Long (check one): Conventional Survey_____, USGS quad____, Hand-held GPS /, Survey-grade GPS Distance Direction 2 Miles west of Glenn Allen Telephone No. (**Pump Type** Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Turbine) Piston Electric Motor Hand Tractor PTO Centrifugal Flowing Well Rotary Windmill Other (specify): Other (specify): _ Horse Power Rating of Motor: Date Pump Installed: 6-16-08 Setting Depth: Rated Pump Capacity: 2500 Number of Stages: Gallons Per Minute Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): /5 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: _____ feet Test Pumping Rate: Gallons Per Minute _____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 knowledge.

Print Name of Pump Installer and License No. (if applicable)

JUL 2 3 2008

Signature of Pump Installer

BY: OLWR