	State V	Vell Report		
county 12 ashinaton	Part 1 - Driller's Log		For Office Use Only:	
Permit #: 6W 43430	Mississippi Department of Environmental Quality		Aquiler:	
	Office of Land and Water Resources		Well #: 5160	
Driller Charles M. Dichel	P.O. Box 10631 Jackson, MS 39289-0631			
Date drilling completed: 6-19-09		961-5210	L. S. Elevation:	
	(601)354-6938 (fax)		E-log #:	
State I are requires that this person	et he commoned by the He	······································		
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 Owner		Well or Borehole Location		
(Landowner if borehole is not for a water well)		Latitude: 33°05",247	N Longitude: <u>291°03.560</u> 0	
Owner Name T.H. Nr. S. S. D. Take		Method of Lat/Long (circle on		
Mailing Address: P.D. Boy 206		USGS quad, (Hand-held GPS) Survey-grade GPS		
Si al Maria		IR 12 NW 14 Sec 17 Two 14 N Rng & W		
Chathan HS 38731		i		
City State Zip Code Distance Direction Telephone No. ()		of Chatam		
	W = / P			
Well / Borchole Data				
Date drilling started: 679-05 Date drilling completed: 679-09 Hole depth: 120 Hole diameter, 26				
Location of the source of any surface water used for drilling: Lake Washington Method of dosing and volume of Chlorine used in drilling and development: AF A				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Some Neutron Other				
Purpose of borehole (check one). Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Scismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): Home Industrial Public Supply Irrigation/ Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 22 feet above or below (circle one) land surface Date measured: 6-19-09				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bestonite Mix				
Casing length: 80 feet Casing diameter: 16 inches Type of casing:				
Type of screen;				
Screen slot size: 1035 inches Setting depth: From 80 feet to 120 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (doscribe):				
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page				

Form: OLWR-SWR-1A

The sketch below only required for water wells	Description of formations encountered needs and boreholes, unless specifically e	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations		
Ground Level K (W43430	Description of Formations Encountered	From (depth) To (depth		
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If more than one screen, show location of each on sk				
Sketch the property layout and include the following: 1) to aid in locating the well; 3) any roads, power 4) a north arrow.	the well location; 2) any permanent structures on the principles, or other items that may aid in locating the project.	roperty that may erty and the well;		
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Landowner Name: Delson Fan	013			
T. dead and the contract of		Form: OLWR-SWR-		
I certify that the well/bojehole was drilled, constructed	i, and completed in accordance with all applicable:	requirements of the		
Mississippi Department of Environmental Quality and	the Mississippi Department of Health repulations	(Canalicable and seem		
laws.		≈ «hhricanic¹ au⊕ 20306		
Charles M. Nichols 0-067	7-17-09 Charles 1	This how		
Print Name of Responsible Licensee and License No.	Date Signature of License	ge .		

STATE WELL REPORT Part 2 For Office Use Only: Pamp Installer's Completion Report Mississippi Department of Environmental Quality Aquifer. Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Well #: (601)961-5210 (601)354-6938 (fax) Copy information from block on Part I This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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: 33°05.24 W. Longitude: 091°03, 560 W Owner Name: Mailing Address: Method of Lat/Long (check one): Conventional Survey USGS quad____ Hand-held GPS 1/ Survey-grade GPS 1R % NN % Sec 17 Distance Telephone No. (Power Type Pump Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Turbine Bucket Piston Electric Motor Hand Tractor PTO Flowing Well Rotary Windmill Centrifugal Other (specify): Horse Power Rating of Motor: Other (specify): Date Pump Installed: Setting Depth: 2500 Gallons Per Minute Rated Pump Capacity: Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tag Static Water Level (A): 2 > Feet Below Land Surface Other (specify): Pumping Water Level (B): _____Foot Below Land Surface __Feet Below Land Surface Drawdown [(B) - (A)]: _____ For flowing well, measured shut in head: Test Pumping Rate: GPM with a drawdown of Duration of Pump Test (minimum 4 hours); ___ _hours of pumping

Form: OLWR-SWR-1B

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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Signature of Pump Installer