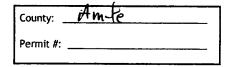
Log wironmental Quality ater Resources 309 25-2309 210 i (fax)
ater Resources Aq 309 E-1 25-2309

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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.

Department at the above dataress within 50 days of co	mplean of analis of the rea of borenois.
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
	Latitude: <u>31°5′518</u> 'Longitude: <u>40°48′9.3</u> "
Owner Name: <u>Cludence Borter</u>	Method of Lat/Long (check one): Conventional Survey,
Mailing Address: <u>Greevs buy Koh</u>	USGS quad, Hand-held GPS, Survey-grade GPS
	NE 14 NE 14, Sec $40\sqrt{T}$ T $2N\sqrt{R4E}$
Carborty MJ.	<u>NE 14 NE 14, Sec 70v T FN R7E</u>
City / State Zip Code	Miles of (Distance) (Direction) (Nearest Town)
Telephone No. ()	(Distance) (Direction) (Nearest Town)
	Borehole Data
Date drilling started: <u>5-30-13</u> . Date drilling completed	$5 \cdot 30 \cdot 13$. Hole depth: <u>146</u> Hole diameter: <u>8</u>
Location of the source of any surface water used for drilli	ing:
Method of dosing and volume of Chlorine used in drilling :	and development:
Logs run (circle all applicable): No log run Electric Gam	nma Ray Density Sonic Neutron Other:
Name of organization running log(s):	
	nical/Geological Investigation Ground Source Heat Pump
	(describe)
	<u></u>
Purpose of Well (circle all applicable): forme Industrial	Public Supply Irrigation Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	
Static Water Level:feet [above or below (circle one)	w] land surface Date measured: <u>B-BO-13-</u>
Method of measurement (circle one). Steel tape Electric	tape Air line Other (<i>describe</i>):
Well depth: 146^{-1} Well grouted to a depth of: 10^{-1}	feet Type of grout (circle one): Reat Cerneyt Bentonite Mix
Casing length: <u>136</u> feet Casing diameter: <u>1</u>	
	<u>Y''</u> inches Type of screen: <u>Pvc</u>
	h: From <u>136</u> feet to <u>146</u> feet
Type of completion (circle all applicable): cravel packed	Underreamed Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet	
I If telescoped or more than	n one screen, describe on next page

Form: OLWR-SWR-1A (4/13)



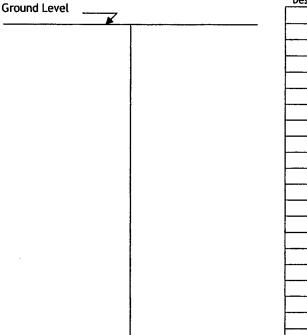
For	Office	Use	Only:
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Huy site

Well #: ______N172

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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	
Cluy	0	20
cravel.	20	60
Sand	60	80
Cluy	80	-20
Sand	90	120
cluy-	120	130
Curse Sand	130	146
· · · · · · · · · · · · · · · · · · ·		
<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

Landowner Name:

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) north arrow

of Greensburg Rd

Clurence Bu

I HEREBY 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.

05-30-13 Ľų nsible Licensee and License No. Signature of Licensee Print Name Form: OLWR-SWR-1A (4/13)

STATE W	ELL REPORT			
County: 5-30-13	Part 2			
Permit #: Pump Installe	er's Completion Report	For Office Use Only:		
Mississippi Departr	ment of Environmental Quality nd and Water Resources	Well #:		
Date completed: 5-30-12,	P.O. Box 2309			
Jacksu	on, MS 39225-2309 601)961-5210	Aquifer:		
) 360-0535 (fax)			
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the L	Department at the above address w	within 30 days of well completion.	1	
Well Owner Information Owner Name: <u>C(c)/en(e Borle)</u>	Well L			
	Latitude: <u>3105 51.8"</u> Lon	-		
Mailing Address: <u>Greensbur</u> Ro	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GI			
City State Zip Code	¼¼, Sec	40 T 2N R 4E		
Telephone No. ()	(Distance) (Direction)	(Nearest Town)		
	pe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well		scribe):		
Date Pump Installed:5-30-13,1				
Is This Pump (circle one): New Repaired Replacement				
	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Win	Idmill Other (<i>describe</i>):			
Horse Power Rating of Motor: Setting Dept	th:feet Number	of Stages:		
Pump Test Data	for Non Flowing Well	- · ·		
Date Well Tested:	Duration of Pump Test (minim	um 4 hours): hours		
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B): _	Feet Below Land Surface		
Drawdown [(B) - (A)]:Feet Below Land Sur	face Test Pumping Rate:			
Method of measurement (circle one): Steel tape Electric ta		<i>k</i>	ECEIVED	
	ta for Flowing Well	6	CEIVER	
Measured shut in head:feet.		i f	VI. 9	
Well yielded GPM with a drawdown of	feet after	hours of pumping	~ ~ 2013	
Meter	Installation		Oline	
Meter Manufacturer:	Meter Serial Number:		~ * V H	
Meter Model Number/Name:	Type of Meter:			
Totalizer Register Unit and Multiplier Factor (AF x .001, ga	l x 1000, etc):			
Installation Date: Meter installed by:				
Is This Meter (circle one): New Repaired Replaceme	ent			
Important: By submitting the above information you are c For agricultural wells, a list of ap	ertifying that this meter was insta proved meters is on the MDEQ w	lled to manufacturer standards. ebsite.		
I HEREBY CERTIFY that the above statements are true to the	ne best of my knowledge.	1		
l - l	5.30-13, Rel the	11		
Print Name of Pump Installer and License No. (if applicable) Date Signa	ture of Pump Installer		
Form: OLWR-SWR-1B (4/13)				