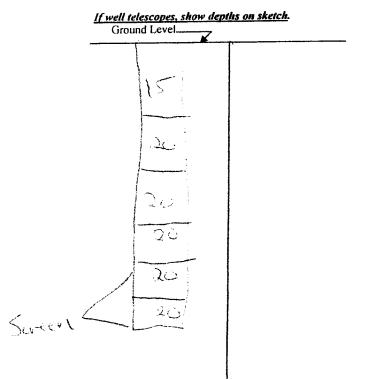
· · · •	÷	
		,
· · ·	oll Report	
	Driller's Log	For Office Use Only:
County: Mississippi Departmen	t of Environmental Quality	Aquifer: <u>A</u>
	4758 (1 $$ Office of Land and Water Resources P.O. Box 2309	
Driller Josef Jumper Jackson	, MS 39225	L. S. Elevation:
	961- 5210 1- 5228 (fax)	
	• •	E-log #:
State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp	ense holder responsible for a Section of drilling of the well	the work and filed with the o r boreho le.
Information on Well Owner	Well or Bo	orehole Location
(Landowner if borehole is not for a water well)	Latitude: 34 . 01 . 40	<u>" Longitude: <u>C. US</u>, <u>D3</u>"</u>
Owner Name Alvis DETORCA		
Mailing Address: 2543 LURST	Method of Lat/Long (circle on	
Lareshore Dowe		GPS, Survey-grade GPS
LUKE NICH LINICE	SE 1/ NE 1/ Sec D	V Twn 25. Rng Clill
Star Riville US 325 17 City State Zip Code	Distance Direction	Nearest Town
	Miles	of <u>Juncan</u>
Telephone No. ()		
Well / Bore	1°	
Date drilling started: $7-25-13$ Date drilling completed: $7-35-13$	13 Hole depth: 110	Hole diameter: 25 m
Location of the source of any surface water used for drilling: \underline{A} . Method of dosing and volume of Chlorine used in drilling and develo	opment:	
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	Other:
Purpose of borehole (check one): Water Well / Geotechnical/Geolo	ogical Investigation Ground	Source Heat Pump
Seismic Survey Other (describe) If drilling is not related to water well construction	n, skip the remainder of this bl	ock
Purpose of Well (check one): Home Industrial Public Supply		
If a flowing well, method of flow regulation: Valve Of	her (describe)	
Static Water Level: 34 feet above or below (circle one) la	and surface Date measured:	7-25-13
Method of Measurement (circle one) steel tape electric tape	air line other:	
Well depth: 115 Well grouted to a depth of 16 feet Type		
Casing length: 75 feet Casing diameter: 14		
Screen length: <u>40</u> feet Screen diameter: 10	inches Type of screen:	puc
Screen slot size: inches Setting depth: From		
Type of completion (circle all applicable): Gravel packed Under		
Top of lap pipe or reduction in casing:feet. If tele	escoped or more than one scree	Form: OLVIT BYRE A (04/06)
		JUL 31 2013
		BY COMP
		tan an tanàn ang kaominina dia kaominina Aominina dia kaominina dia ka

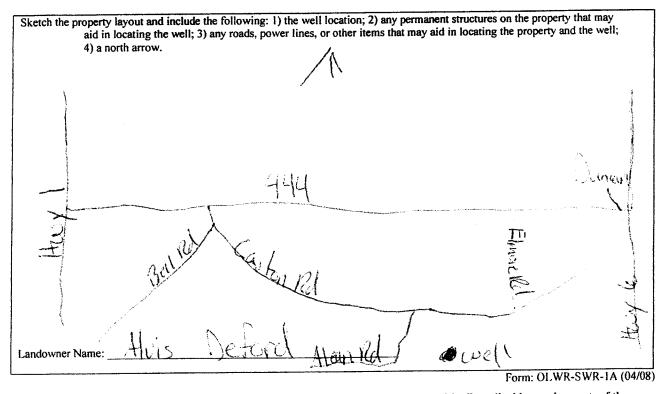
The sketch below only required for water wells



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered		To (depth)
[Countro	Ground Level	20
Sand	20	40
Santa	113	60
Martore Sanch	lec:	50
Sudt gault	50	NOC:
Shart + Coracial	100	115
	l	
		11
		المحمد مريد مريك

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



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.

JUE 111241

Print Name of Responsible Licensee and License No.

Date

1-7)-

Signature of Licensee JUL 3 1 2013 BY: OLWR

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STATE WELL REPORT				
County: BOLIVAR Part 2	For Office Use Only			
Permit #: Gw- 475810 ./ Pump Installer's Completion Report	For Office Use Only:			
Permit #: <u>GW > 4 75 60 7</u> Driller: <u>JOLL JumPH</u> Mississippi Department of Environmental Quality Office of Land and Water Resources				
Date completed: 7-25-13 P.O. Box 2309				
Jackson, MS 39225-2309 Additer.				
oppy information from block on Part 1 (601)961-5210 (601) 360-0535 (fax)				
This part of the report must be completed by a licensed water well contractor or a licensed put of the report must be attached and both parts filed with the Department at the above address w	np installer. A copy of Part 1 vithin 30 days of well completion.			
	ocation			
Owner Name: <u>ALUIS DEFORD</u> Latitude: 34. 0.1. 39. 6" Lor	ngitude: <u>90 ° 48 · 2 2 4 ··</u>			
Mailing Address: WEST LAKES HOR DR Method of Lat/Long (check one				
USGS quad, Hand-held G				
	<u>22 T 25N R Obw</u>			
E I IV State / In Code I				
Telephone No. ()	f <u>Dunca</u> (Nearest Town)			
Pump Type (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (<i>describe</i>):				
Date Pump Installed: <u>7-26-13</u> Rated Pump Capacity: <u>10</u>				
Is This Pump (<i>circle one</i>): (New Repaired Replacement	Oattons Fer Mindle			
Power Type (circle one)				
Electric Diese) Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>3</u>				
Pump Test Data for Non Flowing Well				
	um 4 hours): hours			
Date Well Tested:				
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Pump Test Data for Flowing Well				
Measured shut in head:feet.	1			
Well yielded GPM with a drawdown of feet afterhours of pumping				
Meter Installation				
Meter Manufacturer: Meter Serial Number:				
Meter Model Number/Name: Type of Meter:				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):	y G. 100			
	See 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Installation Date: Meter installed by:	See 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	See 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Installation Date: Meter installed by: Is This Meter (<i>circle one</i>): New Repaired Replacement	HEGHNEE Aut. 0 2 2018 led to manufacturer standards.			
Installation Date: Meter installed by: Is This Meter (circle one): New Repaired Replacement Important: By submitting the above information you are certifying that this meter was instal For agricultural wells, a list of approved meters is on the MDEQ we	MECHIVEL			
Installation Date: Meter installed by: Is This Meter (circle one): New Repaired Replacement Important: By submitting the above information you are certifying that this meter was instal For agricultural wells, a list of approved meters is on the MDEQ we I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	HEGENVEL March 0 2 2013 led to manufacturer standards.			
Installation Date:	HEGHNEE Aut. 0 2 2018 led to manufacturer standards.			

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Dean A. Pennington, PhD Executive Director P. O. Box 129 Stoneville, MS 38776 Tel.: (662) 686-7712 Fax: (662) 686-9078 www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

July 24, 2013

Alvis Deford 2543 West Lakeshore Drive Starkville MS 39579 RECEIVED

A153

'UL 31 2013

BY: OLWR

RE: Well Construction / Authorization to drill

Permit No: GW-47586(Replacement for GW-09380)

Dear Mr. Deford,

This authorization letter is for the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed.

Location: SE 1/4 of the NE1/4 Section 22 Township 25N Range 06W County Bolivar Latitude: 34 01 40 Longitude: 90 48 03

A copy of this notice or a water use permit must be attached to the State Well Report submitted by your driller. This report is a requirement of the State Well Drillers Regulations. A copy of this report **must** be mail or faxed to YMD Joint Water Management District.

All Applications must meet the **Mississippi Department of Environmental Quality** rules and regulations. If no adverse comments are received the application will be presented to the Mississippi Department of Environmental Quality State Permit Board for approval.

If you have any questions please call me at (662) 686-7712.

Sincerely,

Vino Mitte

Dillard D. Melton Jr. Permitting Director