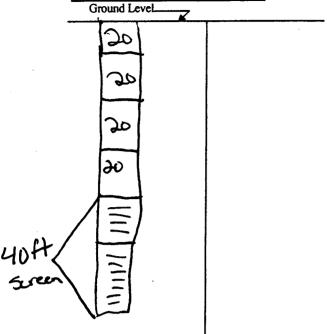
State V	Vell Report			
County: Solivar / Part 1-1	Driller's Log For Office Use Only:			
MC CIAN CIANION Mississippi Department	nt of Environmental Quality Aquifer:			
	Ind Water Resources Box 2309 Well #: B 86			
Driller: Jel Jumper Jackson	n, MS 39225			
	961- 5210 L. S. Elevation:			
	E-log #:			
State 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 Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well) Owner Name WE Young Jr LF	Latitude: 90 · 37 · 1837" Longitude: 34 · 10 · 583			
Constitution of L	Method of Lat/Long (circle one): Conventional Survey, 35			
Mailing Address: 1820 Young Road	USGS quad, Hand-held GPS Survey-grade GPS			
Clarkedale Ms 38614 City State Zip Code	NE 1/2 SE1/2 Sec 24 Twn 26 Kng 05W			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. ((d/2) 902 327(e	<u>Le Miles</u> <u>5</u> of <u>Clarksdale</u>			
Well / Borehole Data				
Date drilling started: 5-22-12-bate drilling completed: 5-22-12-Hole depth: 120 Hole diameter: 210in				
Location of the source of any surface water used for drilling: Wearest well South west of Well Method of dosing and volume of Chlorine used in drilling and development:				
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): Home Industrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 39++ feet above on below (circle one) land surface Date measured: 5-23-12				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: DD Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: Store Casing diameter: 1/01 inches Type of casing: 100				
Screen length: 40 feet Screen diameter: 16in inches Type of screen: pvc				
Screen slot size: 050 inches Setting depth: From 8 6 feet to 70 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page				

Form: OLWR-SWE CENTED

JUN 6 8 2012

- 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)	
Clay	Ground Level	10
Clay	10	90
Clay	30	30
Fine Sond	30	40
Clay	40	57)
Fine sand	50	(eQ
Course sand	(eD	70
Course sand	70	80
Course sand	<u> 50</u>	90
sand 4 rock	90	100
small rock	100	110
Pockst grad	110	130
<u> </u>	<u> </u>	
	<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; 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) a north arrow.					
,		A Huy	(el 3	N	\rightarrow
			Shop		
			Africa Africa		
well			frica Po		
	Shop	Young Rd			
Landowner Name:	WE You	ng Jr be	F		
				Form: OLV	VR-SWR-1A (04/08

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

The Jumper OUU)-368	5-22-12	abel Juse	RECEIVED
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	JUN 0 8 2012

STATE WELL REPORT

Date completed: Copy information from block on Part 1 Owner Name: Mailing Address:

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309

Jackson, MS 39225 (601)961-5210

For Office Use Only:		
Aquifer:		
Well #:	B186	
Elevation: _		

(601)961-5228 (fax) 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 39-1033 Longitude: 3 Method of Lat/Long (check one): Conventional Survey USGS quad , Hand-held GPS V, Survey-grade GPS NE 1/ SE 1/ Sec 24 TIL Distance Direction Nearest Town Telephone No. (662) 902-3276 Miles SE of Clarks **Pump Type** Power Type Circle one Circle one Air Lift let Submersible Diesel Engine Gasoline Engine Natural Gas **Bucket** Piston Turbine Electric Motor Hand Tractor PTO Flowing Well Centrifugal Rotary Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: Setting Depth: feet Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): 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: _ Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 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)

Form: OLWR-SWR-1B (04/08)