State W	/ell Report			
County: Cooksman Part 1-1	For Office Use Only:			
ILC CLID (ILIN Mississippi Departmen	nt of Environmental Quality Aquifer:			
PO PO	nd Water Resources Box 2309 Well #:			
	n, MS 39225 D61 5210 L. S. Elevation:			
	501- 5210 1- 5228 (fav)			
	E-log #:			
State Law requires that this report be prepared by the lic Department at the above address within 30 days of comp				
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: 040° 39 . 400" Longitude: 34° 07 . (094"			
Owner Name Young, WE And Edmond				
Mailing Address: 4793 East	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, (Hand-held GPS) Survey-grade GPS			
Shore Drive	541 % NW Sec 16 Twn XON Rng D440			
Memoris IN 3811	$\int \mathcal{U}^{4} / \mathcal{V} \mathcal{U}^{4} \operatorname{Sec} (\mathcal{V} \operatorname{Iwn} \mathcal{O} \mathcal{O} \operatorname{V} \operatorname{Kng} \mathcal{O}^{-1} \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} O$			
City State Zip Code	Distance Direction Nearest Town 			
Telephone No. (42) (245-5235	or <u></u> or <u></u>			
Well / Bore				
Date drilling started: $5 - 21 - 12$ Date drilling completed: $5 - 21 - 12$	- Hole depth: 120 Hole diameter: Ollin			
Location of the source of any surface water used for drilling: <u>Well Stop parts</u> West of drilling system 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:				
Purpose of borehole (check one): Water Well Ceotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (<i>describe</i>)				
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: 31 feet above or below (circle one) land surface Date measured: 5-22-12				
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 Bentonite Mix				
Casing length: <u>So</u> feet Casing diameter: <u>l(gin</u> inches Type of casing: <u>OVC</u>				
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>070</u>				
Screen slot size: 050 inches Setting depth: From 80 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-SWR-1A (04/08)				

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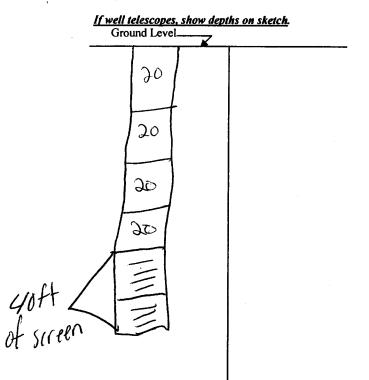
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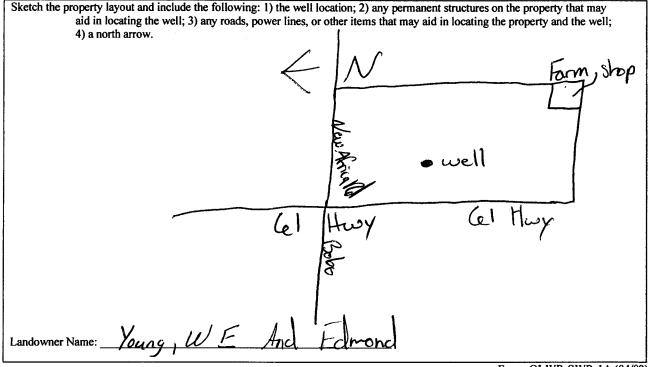
The sketch below only required for water wells



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	10
$\Box \omega v$	10	30
Clall	<u> </u>	30
Elay	30	40
Claky.	40	$\overline{50}$
Fine Isand	50	60
Eine sand	60	-70
tine sand	70	80
Course sand,	80	90
Course sond	90	100
Course Sand	100	10
Course Sond +rak	L 110	190
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If more than one screen, show location of each on sketch



Form: OLWR-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

laws. umper

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee al

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STATE WELL REPORT				
County: Cochoma Permit #: MS-GW-4/d054 Driller: Del Jumper Date completed: S-DD-DD Corv information from block on Part 1 This part of the report must be completed by report must be attached and both parts file Well Owner Information Owner Name: Young, WE Mailing Address: 4193	Pa Pump Installer's Mississippi Departmen Office of Land a P.O. J Jackson (601) (601)96 by a licensed water well of d with the Department and on	Art 2 Completion Report t of Environmental Quality nd Water Resources Box 2309 , MS 39225 961-5210 1-5228 (fax) contractor or a licensed pump in tithe above address within 30 dd Wel Latitude: OD, 37,400 Method of Lat/Long (check or USGS quad , Hand-held	ays of well completion. I Location Longitude: <u>34</u> , <u>D7</u> , <u>69</u> 4 ne): Conventional Survey, GPS, Survey-grade GPS	
Mail his I/ City State Telephone No. Col 5 - 50 Pump Type	38/// Zip Code			
Circle one			ircle one	
Air Lift Jet	Submersible	Diesel Engine Gasolir	e Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	:
Centrifugal Rotary Other (specify): Date Pump Installed: Rated Pump Capacity:	Flowing Well	WindmillOther (Horse Power Rating of Motor:Setting Depth: $frequenciesNumber of Stages:$)feet	
Pump Test Data		Method of Me	asuring Water Level	٦
Date Well Tested: 5-22-12 Static Water Level (A): 31 Feet 1	Below Land Surface Below Land Surface	C	suring Line Steel Tape	
Drawdown [(B) – (A)]:Feet H	Below Land Surface	For flowing well, measured sh	nut in head:feet	
Test Pumping Rate: 2400	Gallons Per Minute	Well yielded	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping	
I HEREBY CERTIFY that the above statemed UDCL JUMPER R Print Name of Pump Installer and License N	10-0000-4845		Istaller Form: OLWR-SWR-1B (04/08 JUN / 8 2	•

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BY: OLWA