• •	
	For Office Use Only:
	Driller's Log
Mississippi Departmer	nt of Environmental Quality Aquifer: M / 21
P.O.	Box 2309 Well #:
(601)	n, MS 39225 961- 5210 L. S. Elevation:
Data drilling completed	1- 5228 (fax) E-log #:
State Law requires that this report be prepared by the lic Department at the above address within 30 days of com	ense holder responsible for the work and filed with the
Information on Well Owner	Well or Borchole Location
(Landowner if borehole is not for a water well)	Latitude: <u>3408, 47</u> " Longitude <u>090, 28, 08</u> "
Owner Name Carrie Benson	Method of Let/Long (circle one): Conventional Survey
Mailing Address: 3825 Jones Hwn - Claremin	USGS quad, Hand-held GPS, Survey-grade GPS
CL-VC/16 C 701-11/	52 1/ 5E 1/4 Sec M TWN 26N Rng 3 W
ClarKsdale ms 38614 City State Zip Code	Distance Direction Nearest Town A Miles Se of Clar Ksdg H MS
Telephone No. (162 627-3491	UMiles SE of Clar 1924 17 15
Well / Boro	chole Data
Date drilling started: 7-12-11 Date drilling completed: 7-12-	- // Hole depth: _/00 Hole diameter:
Location of the source of any surface water used for drilling:	lopment: Chlorine Tablets
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotechnical/Geo	logical Investigation Ground Source Heat Pump
Seismic SurveyOther (describe Other (describe	e) on, skip the remainder of this block
Purpose of Well (check one): Home Industrial Public Suppl	y Irrigation / Fish Culture Other:
If a flowing well, method of flow regulation: Valve (
Static Water Level: 33feet above or below (circle one)	land surface Date measured: 7-12-11
Method of Measurement (circle one) steel tape electric tape	e air line other: <u>hope tweight</u>
Well depth: 100° Well grouted to a depth of 12° feet Typ	
Casing length: <u>90</u> feet Casing diameter: <u>4</u>	inches Type of casing: $PYC 160PSZ$
Screen length: <u>10</u> feet Screen diameter: <u>4</u>	inches Type of screen: <u>PVC</u> STO FFC
Screen slot size: <u>016</u> inches Setting depth: From	•
Type of completion (circle all applicable): Gravel packed Under	
Other (describe):	
Top of lap pipe or reduction in casing:feet. If the	elescoped or more than one screen, describe on next page
	Eorm: OLWR-SWR-1A (04/08

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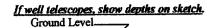
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AUG 1 2 2011 BY: OLWR

M131

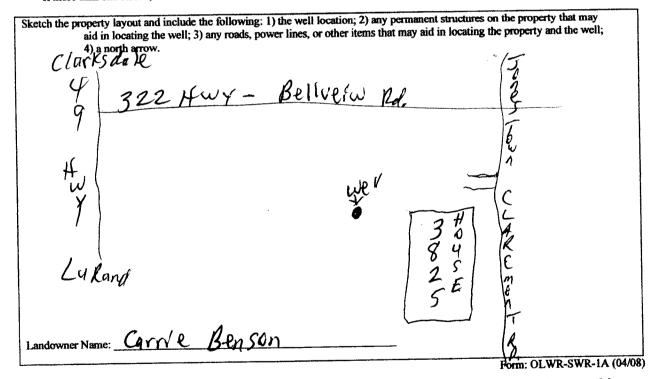
The sketch below only required for water wells



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 Brown Sand		20
Brown Sand	20	40
Med. Sand	40	60
Coarse sand	60	18.00
Coarse sand	80	
	+	
	+	1
	1	
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	<u></u>	
	+	
	- <u> </u>	

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

L. Bry an + 0-639 7-17-11 Wille L. Buyant f Responsible Licensee and Licensee No. Date Signature of Licensee laws. ん Print Name of Responsible Licensee and License No.

AUG 1 2 2011 BY: OLMR

STATE WELL REPORT Part 1 Promp installed: Drille: Willie Boyant Drille: Willie Drille: Willie Boyant Drille: Drille: Drille Drille: Drille: Drille Drille: Drille: Drille: Drille: Drille: Drille Drille: Drille: Dri
Permit #: Permit #: Permit #: Permit #: Permit #: Driller: Will Will #: PO. Box 3290 Well #: MI31 Date completed: 2-12-11 (601)961-5210 Evation: Evation: Copr information from Nock on Perr1 Well #: M131 Evation: This part of the report must be completed by a licensed water well contractor or a licensed pump installer: A copy of Parl 1 of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Parl 1 of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Parl 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Tryper must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Completion. Well Owner Information Well Control (P & R) Don Well Owner Information Latitude: 34'08.4'/ Longitude: 090 '28.0S Mailing Address: 38 25 To 10.1B Gown - Cla (P & G) Method of Lat/Long (check one): Conventional Survey USGS quad Hand-held GPS Survey-grade GPS City State Zip Code Distance Cicrole one Distance Distance
Driller: Will #: M131 Diffee of Land and Water Resources P.O. Box 2309 Well #: M131 Date completed: 7-12-11 Goffice of Land and Water Resources Well #: M131 Date completed: 7-12-11 Goffice of Land and Water Resources Well #: M131 Date completed: 7-12-11 Goffice of Land and Water Resources Well #: M131 Date completed: 7-12-11 Goffice of Land and Water Resources Well #: M131 Deprint 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 does of well completion. Treport must be attached and both parts filed with the Department at the above address within 30 does of well constrolon. Well tecation Well Owner Name: Carr & B.Cn & SON Latitude: Signed does of well constrolon. Well does: 38 25 To Inf & Son Latitude: Signed does of well constrolon. Well Address: 38 25 To Inf & Son Signed does of well constrolon. Survey-grade GPS Clar & Ks dagk MS 381 W Mathod of Lat/Long (check one): Conventational Survey USGS quad
Date completed: 7-12-1/1 Jackson, NS 39225 (601)961-5228 (fax) Elevation:
Corr information from block on Part 1 (601)961-5228 (fax) This part of the report must be completed by a licensed water well constructor 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. Vell Owner Information Vell Owner Information Vell Owner Information Owner Name: Carry 1 & Ben SON Latitude: 31 08,47 Longitude: 090 28,08 W Mailing Address: 38 25 Jonl Hown - Cloi 14460 Clor KS dak MS 381/Y Clor KS dak MS 381/Y Clor KS dak MS 381/Y Circle one Submersible Diseel Engine Casoline Engine <th< td=""></th<>
Capt 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 Well Owner Information Well Contained both parts filed with the Department at the above address within 30 days of well completion. Well Contained Well Contained Well Contained Well Contained Owner Name: Carrol & Ben SON Latitude: 34'08.47 Longitude: OPO 28.08 Method of Lat/Long (check one): Conventional Survey
Teport must be attached and both parts filed with the Department at the 200re dataces interves well Location Well Cover Is formation Well Cover Is formation Well Cover Is formation Owner Name: Carm' & Ben SON Latitude: 3/08.47 Longitude: 090 28.08 Method of Lat/Long (check one): Conventional Survey
Well Owner Information Owner Name: Carrier Ben Son Mailing Address: 38 25 Tont stown - Clart frago Mailing Address: 38 25 Tont stown - Clart frago Method of Lat/Long (check one): Conventional Survey
Owner Name:
Clarks dak MS 380/4/2 City State Zip Code Telephone No. (bbp) 627-3/9/1 Distance Direction Miles E of Clarksdak Pamp Type Circle one Submersible Distance Direction Air Lift Jet Submersible Disel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Cher (specify):
Clarks dak MS 380/4/2 City State Zip Code Telephone No. (bbp) 627-3/9/1 Distance Direction Miles E of Clarksdak Pamp Type Circle one Submersible Distance Direction Air Lift Jet Submersible Disel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Cher (specify):
Pump Type Circle one Circle one Submersible Power Type Circle one Diesel Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):
Pamp Type Circle one Circle one Submersible Power Type Circle one Diesel Engine Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):
Pamp Type Circle one Circle one Submersible Power Type Circle one Diesel Engine Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):
Pump Type Circle one Jet Submersible Diesel Engine Power Type Circle one Diesel Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):
Air Lift Jet Submersible Diesel Engine Circle one Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):
Air Lift Jet Submersible Diesel Engine Gasonne Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):
Bucket Piston Turbine Cecture Motor Hand Centrifugal Rotary Flowing Well Windmill Other (specify):
Centrifugal Rotary Flowing went International constraints Other (specify):
Date Pump Installed:
Bate Y unip Instance.
Pump Test Data Method of Measuring Water Level Date Well Tested: 7-15-11 Air Line Electric Measuring Line
Date Well Tested: Circle one Air Line Electric Measuring Line Steel Tape
Date Well Tested: Circle one Air Line Electric Measuring Line Steel Tape
Static Water Level (A): Control of the contro
Pumping Water Level (B): <u>38</u> Feet Below Land Surface
Drawdown [(B) – (A)]:Feet Below Land Surface For flowing well, incastical share in focus
Test Pumping Rate: 26 Gallons Per Minute Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Willie L. Bryant 0-639 Willie J. Buyant Berger
Print Name of Pump Instance and License No. (in application) Form: OLWR-SWR-TC (07-09)
AUG 1 2 201

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