• •	
	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: $100^{\circ}$ Well grouted to a depth of $12^{\circ}$ 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><b>PVC</b></u> <b>STO</b> <del>FFC</del>
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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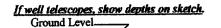
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M131

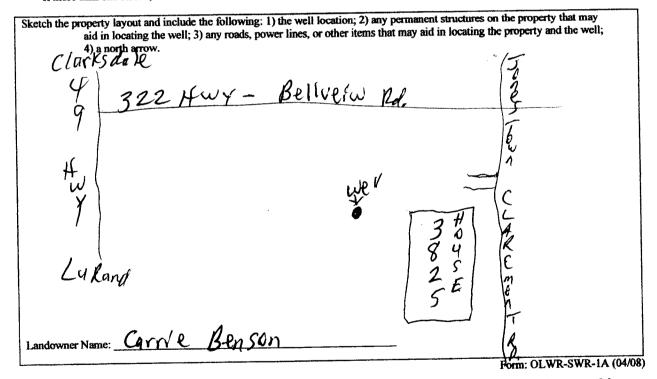
## The sketch below only required for water wells



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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