State W	ell Report	For Office Hea Onlys				
County: Cahoma Part 1 - D	Priller's Log	For Office Use Only:				
Mississippi Department	t of Environmental Quality	Aquifer:				
	nd Water Resources	Well #:				
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Box 10631 IS 39289-0631	L. S. Elevation:				
	961-5210					
	4-6938 (fax)	E-log #:				
State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp Information on Well Owner	Well or Bo	orehole Location				
(Landowner if borehole is not for a water well) Owner Name	i	" Longitude: 10 ° 29 , 42 "				
Mailing Address: 5073 Willis Rd	Method of Lat/Long (circle of					
_	USUS quad, trand-nero	Twn 25W Rng 03 W				
-1 1. M. 70913	NW 1 5E 1/2 Sec 37	Twn dSV Rng 03 W				
Tutwill Ms 38963 City State Zip Code	Distance Direction	of				
Telephone No. ()						
Well / Bore	chole Data	_				
Date drilling started: 6-19 Date drilling completed: 6-19 Hole depth: 118 Hole diameter: 221						
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development:						
Logs run (circle all applicable). No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron					
Purpose of borehole (check one): Water Well Geotechnical/Geol	logical Investigation Ground	d Source Heat Pump				
Seismic SurveyOther (describe)						
Seismuc Survey Other (aestribe) If drilling is not related to water well construction, skip the remainder of this block						
Purpose of Well (check one): Home Industrial Public Supply						
If a flowing well, method of flow regulation: Valve A Other (describe)						
Static Water Level:						
Method of Measurement (circle one) steel tape electric tape air line other:						
Well depuir.	e of grout (circle one): Neat Cer	nent Bentonite Mix				
Casing length: 28 feet Casing diameter: 16	inches Type of casing:inches Type of screen:	PVC				
Screen length: 40 feet Screen diameter: 10 Screen slot size: 050 inches Setting depth: From		118 feet				
	•	n hole Natural Development				
Other (describe):						
41/1						
Top of lap pipe or reduction in casing:	COLUMN OF THE STATE OF STATE					
		Form: OLWR-SWR-1A				

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BY: OLWA

I well relescopes, show depths on sketch				
Ground Level	Description	n of Formations Encounte	red From (dept	th) To (depth)
		Jan 1	Ground L	
	-	-INE SAND	35	40
	Con	14 SAVILLACO 110	(+ 40)	42
		onse Sand	0 85	90
	راه م	4 se Sand Gica	ivel 90	125
•				
Casing				
Casing				
10 -				
İ				
1				
Screen				
₩ 0 Fi				
118				
If more than one screen, show location of each	on sketch			
	Dubl	in Hwy 4	19	
	est Patinck ed	I+WY_I	<u>19</u>	
idowner Name:	St Patrick a	Dog walka	19 - Jesuw Rd	
ify that the well/borehole was drilled, construct	ed, and completed in acc	Dog walk a		VR-SVR-1A of the
idowner Name: tify that the well/borehole was drilled, construct issippi Department of Environmental Quality and the well out the second construct of Environmental Quality and the well out to the well out	ed, and completed in acc	Dog walk a	ole requirements	VR-SVR-1A of the

Part 2 Pennis 1. 4 (2 300) Pennis 2. 4 (2 300) Pennis 3. 4 (2 300) Pennis 3. 4 (2 300) Pennis 4. 4 (2 300) Pennis 4. 4 (2 300) Pennis 5. 4 (6 1.12) Pennis 1. 4 (6 1.12) Pennis 1		_ SIAIE WI	LLL KEPO	K I			
Permit 18	County: COah ama			Г	For Off	See Lies Onles]
Driller: Mail Council Counci	Permit #: 4 6 300	Pump Installer's Completion Report		ort	roi Oli	ice Ose Only:	
Date completed. G. 19. 12 Substitute Su	114 14	Office of Land and Water Resources		es Quality	Aquifer:		-
(601)961-3210 (601)9)			Well #:(0142	
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 10 days of well control completion. Well Owner Name: Chir's lively Mailing Address: 5073 Will's Rd Method of LavLong (check one): Conventional Survey. Method of LavLong (chec		(601)	961-5210		Elevation		
Contribugal Rotary Flowing Well Contribugal Contribu	Copy information from block on Part 1	(601)35	4-0938 (Iax)	Ĺ	Elevation		· _
Well Location Owner Name: Chris lively Mailing Address: SO 73 Will's Rd Telephone No. () Pump Type Circle one Air Lift	This part of the report must be completed report must be attached and both parts file	by a licensed water well of	contractor or a lice	ensed pump ins	taller. A copy	of Part 1 of the	
Mailing Address: 5673 Wil's Method of Lat/Leng (check one): Conventional Survey	Well Owner Informat	tion	The move water Es			tenon.	
Telephone No. (Owner Name: Chris lively	1.					-
Telephone No. (Mailing Address: 5073 Will	15 Kd					
Telephone No. (USGS quad	. Hand-held Gl	PS Survey	v-orade GPS	
Telephone No. () Pump Type Circle one Air Lift Bucket Piston Centrifugal Centrifugal Cotte (specify): Date Pump Installed: Pump Test Data Pump Test Data Pump Test Below Land Surface Pumping Water Level (A): Peril Peet Below Land Surface Distance Distance Direction Nearest Town Miles of Power Type Circle one Auntual Gas Setting Depth: Cotte (specify): Horse Power Rating of Motor: Setting Depth: Cotte (specify): Setting Depth: Cotte one Circle one Cotte (specify):	Tutwiler Me	38963	NW, SE	4 Sec 3	1 7 25 NR	03W	
Telephone No. (City State	Zip Code			•		
Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: 6 - 20-12 Rated Pump Capacity: Pump Test Data Pump Test Data Date Well Tested: Date Well Tested: Date Water Level (A): Setting Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: Get after hours of pumping HEREBY CERTIFY that the above statements are true to the best of my knowledge Windmill Other (specify): Horse Power Type Circle one Circle one Natural Gas Below Indiant India Tractor PTO Windmill Other (specify): Setting Depth: Lio O Setting Depth: Circle one Air Line Electric Measuring Water Level Circle one Air Line Circle one Air Line Circle one Air Line Electric Measuring Line Steel Tape Other (specify): Other (specify): For flowing well, measured shut in head: For flowing well, measured shut in hea	Telephone No. (Milan	- ¢			
Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: 6 - 20 - (2) Rated Pump Capacity: Pump Test Data Date Well Tested: 6 - 12 Static Water Level (A): Static Water Level (B): Drawdown [(B) - (A)]: Feet Below Land Surface Drawdown [(B) - (A)]: Duration of Pump Test (minimum 4 hours): Horse Power Rating of Motor: Setting Depth: Horse Power Rating of Motor: Setting Depth: Other (specify): Method of Measuring Water Level Circle one Windmill Other (specify): Horse Power Rating of Motor: Setting Depth: Circle one Other (specify): Feet Below Land Surface Other (specify): For flowing well, measured shut in head: GPM with a drawdown of Duration of Pump Test (minimum 4 hours): HEREBY CERTIFY that the above statements are true to the best of my knowledge Will yielded GPM with a drawdown of Signature of Plum Installer and License No. (if amplicable) Signature of Plum Installer Signature o			INITIES _				
Air Lift Jet Submersible Bucket Piston Centrifugal Rotary Flowing Well Other (specify): Date Pump Instailed: 6 - 20-12 Rated Pump Capacity: Date Well Tested: Date Well Tested: Date Well (B): Deet Below Land Surface Pumping Water Level (B): Drawdown [(B) - (A)]: Test Pumping Rate: Drawdown [(B) - (A)]: Deet Below Land Surface Drawdown [(B) - (A)]: Date Well Test (minimum 4 hours): Drawdown [Componing Rate: Drawdown [Componing Ra	Pump Type			Power	r Type		 ₁
Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Date Pump Installed: 6 - 20-12 Rated Pump Capacity: Jam Gallons Per Minute Pump Test Data Date Well Tested: 6 20 - 12 Static Water Level (A): 15 Feet Below Land Surface Prumping Water Level (B): 40 Feet Below Land Surface Drawdown [(B) - (A)]: 15 Feet Below Land Surface Draw	Circle one						
Centrifugal Rotary Flowing Well Windmill Other (specify):	Air Lift Jet	Submersible	Diesel Engine	Gasoline E	Engine	Natural Gas	
Other (specify):	Bucket Piston	Turbine	Electric Motor	Hand		Tractor PTO	
Date Pump Installed: 6 - 20-12 Rated Pump Capacity: 2000 Gallons Per Minute Pump Test Data Date Well Tested: 6 20-12 Static Water Level (A): 35 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface Drawdown [(B) - (A)]: 15 Feet Below Land Surface Drawdown [(B) - (A)]: 2500 Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): 4 hours DI HEREBY CERTIFY that the above statements are true to the best of my knowledge Will Marke of Pump Installer and License No. (if applicable) Print Name of Pump Installer and License No. (if applicable) Setting Depth: 400 feet Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): Other (specify): Well yielded GPM with a drawdown of feet after hours of pumping DI HEREBY CERTIFY that the above statements are true to the best of my knowledge Will Young Installer and License No. (if applicable)	Centrifugal Rotary	Flowing Well	Windmill	Other (spe	cify):		
Rated Pump Capacity: 2200 Gallons Per Minute Pump Test Data	Other (specify):		Horse Power Ratio	ng of Motor:	60		
Pump Test Data Date Well Tested:	Date Pump Installed: 6 - 20-12		Setting Depth:	40		feet	
Date Well Tested: 6.20-12 Static Water Level (A): 25 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 2500 Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours THEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installar and License No. (if applicable) Signature of Plans Installar and License No. (if applicable)	Rated Pump Capacity:	Gallons Per Minute	Number of Stages	2			
Date Well Tested: 6.20-12 Static Water Level (A): 25 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 2500 Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours THEREBY CERTIFY that the above statements are true to the best of my knowledge Print Name of Pump Installar and License No. (if applicable) Signature of Plans Installar and License No. (if applicable)	D. T. A.D. A.						
Static Water Level (A):	Date Well Tested: 6.20-12		Me			evel	
Pumping Water Level (B):	Static Water Level (A): 25		Air Line E	lectric Measurii	ng Line	Steel Tape	
Drawdown [(B) - (A)]:	ka a kitan a kitan a maka a sa atawa ta sa sa aka akan a sa makanka k <mark>a a kitan kan kitan kata</mark> antikan antawa sadama 	alien terminatian alain en on van die Verlandskrijven en trockstead yn die angel	Other (specify):	tis estriamist in on a distinction and established and established a	estation Proper College (200 - 10 - 10 feb	аксинік, түш байлан а — Учал ена Маневанія рофоку і стуал	ESPORTATION CONTRACTOR AND ESPORTATION AND ESPORTATION AND ESPORTATION AND ESPORTATION AND ESPORTATION ASSESSED.
Test Pumping Rate: 2500 Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): 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) Signature of Plant Installer.	1		Paul Flore 1 44				
Duration of Pump Test (minimum 4 hours):	3600						
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Will Young Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer.		11					
Will Young Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Signature of Pump Installer	Duration of Pump 1 est (minimum 4 hours):	hours		feet after	hour	s of pumping	
Will Young Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Signature of Pump Installer							7
Print Name of Pump Installer and License No. (if applicable)	I HEREBY CERTIFY that the above statemen	nts are true to the best of m	ny knowledge.	100.	. /		·
rint Name of Pump Installer and License No. (if applicable) V Signature of Pump Installer Corm: OLWR-SWR-ABIG 17 2012			_ NM	VIU			CFIVED
Form: OLWR-SWR-ABIG N 7 2012	rrint Name of Pump Installer and License No.	(if applicable)	✓ Signature of	of Pump Installe	эт (7 1	The state of the s
				•	Form:	OLWR-SWR-1B	IG N 7 2012