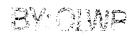
State V	Vell Report			
	Driller's Log For Office Use Only:			
Mississippi Departme	nt of Environmental Quality Aquifer:			
P.O.	and Water Resources Box 2309 Well #:			
Driller: Jones w. Mason Jackso	n, MS 39225			
Date drilling completed: T ~ /) T V	S1- 5228 (fax)			
(661)66	E-log #:			
State Law requires that this report be prepared by the lie				
Department at the above address within 30 days of com	"" or " hole Location			
(Landowner if borehole is not for a water well)				
Owner Name Bobby Thompson	Latitude: 7 ° Congitude: 67 °			
Mailing Address: 14724 Aspen love	Latitude: 34 × 100 Conventional Survey, Latitude: 34 × 17 Method of Lat/Long (circle one): Conventional Survey,			
, , , , , , , , , , , , , , , , , , ,	USGS quad, Hand-held GPS, Survey-grade GPS			
3011	SP 4 SW 4 Sec 16V Twn 15 Rng 5w			
City State Zip Code	SyV Distance Direction Nearest Town			
	Distance Direction Nearest Town Miles NE of Wordy Corner			
Telephone No. (901) 857-1155				
Well / Bor				
Date drilling started: 4-8-10 Date drilling completed: 4-8-	Hole depth: Hole diameter: 6314			
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 Density Sonic Neutron Other: Name of organization running log(s):				
Purpose of borehole (check one): Water WellGeotechnical/Geo	logical Investigation Ground Source Heat Pump			
Seismic Survey Other (describe	e)			
Purpose of Well (check one): Home 1/2 Industrial Public Supply				
If a flowing well, method of flow regulation: Valve (
Static Water Level:feet above (below circle one)				
Method of Measurement (circle one) steel tape electric tape air line other: String Iveight				
Well depth: 180 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 160 feet Casing diameter: 4	inches Type of casing:			
Screen length: 30 feet Screen diameter: 4				
Screen slot size: \(\cdot \cdot \cdot \cdot \) inches Setting depth: From \(\ldot \cdot \cdot \cdot \) feet to \(\ldot \cdot \cdo				
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- (A (Q4/08)



The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground LevelDescription of formations encountered must be provided wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	Γo (depth)
clay dist	Ground Level	10
14d sad	(%)	30
white and	30	6 0
white cley	60	フェ
white rough	25_	100
white clay	100	(10
while land.	110	(80

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.		
	4	
لی	Nouse	E
	,	
5	Levi Vig	
_	Aspen love.	
Landowner Name: Bobby T	hompson	D

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. Jones W. Mojen 0-620

Print Name of Responsible Licensee and License No.

STATE WELL REPORT

Permit #: Driller: Twee w. Masew Date completed: 4-12-10 Copy information from block on Part 1

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
(601)961-5228 (fax)

For Office Use Only:		
Aquifer:	D147	
Well #:		
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 Location **Well Owner Information** Owner Name: 30667 Thompson Latitude: 34, 58, 659 Longitude: 89, 46, 605 Mailing Address: 14224 Aspen lane Method of Lat/Long (check one): Conventional Survey, USGS quad____, Hand-held GPS____, Survey-grade GPS____ SE 1/4 SW 1/4 Sec 16 T 15 R SW Distance Direction Nearest Town 2 Miles NE of handy corner Telephone No. (901) 867-1155 Power Type Pump Type Circle one Circle one Gasoline Engine Natural Gas Submersible Diesel Engine Air Lift Jet Electric Motor Hand Tractor PTO Bucket Piston Turbine Windmill Other (specify): _ Centrifugal Flowing Well Rotary Horse Power Rating of Motor: Other (specify): ___ 4-12-10 100 Setting Depth: feet Date Pump Installed: 20 Number of Stages: Rated Pump Capacity: Gallons Per Minute Method of Measuring Water Level Pump Test Data Circle one 4-12-10 Date Well Tested: Electric Measuring Line Steel Tape Air Line Static Water Level (A): 75 Feet Below Land Surface Other (specify): String / meight Pumping Water Level (B): NA Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B) – (A)]: ___ Feet Below Land Surface 20 7. CDM with a drawdown of

Duration of Pump Test (minimum 4 hours): 24 hours	feet after 24 hours of pumpi	ing
I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.	్ష్. కండార రాజ్మ కృశ్మాయులు
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
	Form: OLWR-SWR-1B	(04/08) /