	and the second s	- construction of the second
		Shows 032 EOP
. CTP	ATE WELL REPORT	For Office Use Only:
SIF	Part 1	Well #:
nty: Octoba	n u - u - u - u - u - u - u - u - u - u	Aquifer:
	i Department of Environmental Quality ice of Land and Water Resources	
Her: Delta Drilling Off	D. O. Box 2309	E-Log #:
ite drilling completed: 12-3-13	Jackson, MS 39225-2309 (601)961-5210	
	(104)260-0535 (fax)	
State Law requires that this report be prepar	1 Han responsible for	r the work and filed with the
State Law requires that this report be prepar Department at the above address within 30 d	ea by the licensor of drilling of the we lays of completion of drilling of the we	Il or borehole.
Department at the above unit of	Well or Bo	Melinie rocamon
(Landowner if borehole is not for a water v	Latitude: 34° 52 58	Longitude: 90° 13 42
Owner Name: George Abbott	usthed of Lat /Long (check	one): Conventional Survey,
Mailing Address: 2666 Germant Pl.	- Hand had	d GPS, Survey-grade GPS
Collierville To 38017	USGS quad, Hand-net	0 0 2 2 0 1/1/4)
Colliero, Ile	NE 1/4 SW 1/4, S	ec 26 T 28 R 10W
State 2	Zip Code 2 Miles South	of Lake Commont Ms.
City	(Distance) (Direction	n) (Nearest Town)
Telephone No. ()		
	Well / Borehole Data	Usla diameter: 24"
Date drilling started: 12-3-13 Date drilling	completed: 12-3-13 Hole depth: 1	Mole diameter
Location of the source of any surface water use	ed for drilling: (urat halfy squi	en 12 mile 1431th
Method of dosing and volume of Chlorine used	in drilling and development:	
Logs run (circle all applicable) No log run Ele	ctric Gamma Ray Density Sonic N	eutron Other:
Name of organization running log(s):		
Purpose of borehole (circle one): Water Well	Geotechnical/Geological Investigation	
Seismic Surve		
If drilling is not related to	water well construction, skip the rema	inder of this block
Purpose of Well (circle all applicable): Home	Industrial Public Supply Irrigation	Fish Culture
Other (describe):		
If a flowing well, method of flow regulation:	Valve Other (describe) _	
Static Water Level: 21feet [above (ci		
Method of measurement (circle one): Steel tap		
Well depth: 100 Well grouted to a depth		
Casing length: 60 feet Casing di	ameter: 16 inches Typ	e of casing: PUC

Setting depth: From _

_feet

If telescoped or more than one screen, describe on next page

Screen length: 40 feet

Other (describe):_

Screen slot size: 1032 inches

Top of lap pipe or reduction in casing: _

Type of completion (circle all applicable): Gravel packed

Form: OLWR-SWR-1A (4/13)

_feet

_feet to __

Open hole

100

Natural Development

__inches

Underreamed

County: Permit #:		or Office Use	Only:
The sketch below only required for water wells If well telescopes, show depths on sketch.	Description of formations encountered and boreholes, unless specifically exen	l must be provided opted by regulation	d for all well ons
Ground Level	Description of Formations Encountered	From (depth) Ground level	To (depth)
	loomy Cloy	Ground tevet	13
	Cloy	14	35
	fine sond	36	42
	Coorse sond & grove	43	100
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 if any roads, power lines, or other items that may aid if any north arrow	in locating the property and the well		
andowner Name:			
HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environ f applicable, and state laws.	constructed, and completed in accordance imental Quality and the Mississippi Departr	e with all applicance of Health re	able egulations,
Chris Shouldey 2561	12-20-13 Li Alla	M	
Print Name of Responsible Ligensee and License No.	Date Signature	of Licensee Form: OLWR-S	WR-1A (4/1

STATE WELL REPORT

County: Deso to Permit #: <u>GW - 47231</u> Driller: DeHa Date completed: 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 39225-2309 (601)961-5210 (601) 360-0535 (fax

For Office Use Only:	
Well #: F154	
Aquifer:	

(001) 300-0333 (Tax)				
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 Owner Information	Well Location			
Owner Name: George Abbott	Latitude: 34° 52 58 Longitude: 90° /3 42			
Mailing Address: 2666 Clernont Pl.	Method of Lat/Long (check one): Conventional Survey,			
Collierville, In. 38017	USGS quad, Hand-held GPS, Survey-grade GPS			
<u> </u>	NE 14 SW 14, Sec 26 T 25 R 10W			
City State Zip Code	2 Miles South of Lake Cornerant Ms.			
Telephone No. ()	(Distance) (Direction) (Nearest Town)			
Pump Typ	e (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
Date Pump Installed: 12-3-13	ated Pump Capacity: 2500 Gallons Per Minute			
Is This Pump (circle one): New Repaired Replacement				
Power Type (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	lmill Other (<i>describe</i>):			
Horse Power Rating of Motor: 100 Setting Depth	n: <u>60</u> feet Number of Stages: <u>2</u>			
Pump Test Data for Non Flowing Well				
Date Well Tested: Duration of Pump Test (minimum 4 hours): hours				
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land Surfa	ice Test Pumping Rate:Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Pump Test Data	a for Flowing Well			
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
Meter Installation				
Meter Manufacturer:				
Meter Model Number/Name:				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x				
Installation Date: Meter installed by:				
Is This Meter (circle one): New Repaired Replacement				
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
(his Surkley 2561 12-20-13				
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer			
(/	Success of a map material			

Form: OLWR-SWR-1B (4/13)