0	State We	ell Report		
County: Leso to	Part 1 – D :	riller's Log	For Office Use Only:	
Permit # (2595	Mississippi Department	of Environmental Quality	Aquifer:	
Driller Rodney TATUM		Water Resources	Well #: 6 126	
·	Jackson.	MS 39225	- ,	
Date drilling completed: 8-24-2015	(601)96 (601)961-	51- 5210 5228 (fax)	L. S. Eievation:	
State I am a single distribution			F-log#:	
State Law requires that this report Department at the above address	t be prepared by the licer	ise holder responsible for t	ne work and filed with the	
ALIOI MARION ON WELL	/witer	well or Po	or borehole.	
(Landowner if borehole is not fo	r a water well)		or Borehoie Location	
Owner Name William Loz	ice	Latitude: 37 ° 56 · 45	" Longitude: <u>89 ° 57 · 41 </u>	
Mailing Address: 1745 Not	Hing Ham	Method of Lat/Long (circle on:		
		(USGS quad) Hand-heid	GPS. Survey-grade GPS	
Southaven MS City State	38672	NW 1/4 NEV4 Sec 5	$_{\text{Twn}}$ $_{\text{2S}}$ $_{\text{Rng}}$ $_{\text{7W}}$	
		Distance Direction 4-0 Miles £ X SE o	Nearest Town	
Telephone No. (901) 212- 7640	C -	4-0 Miles EXSE o	HORN LAKE MS	
	Well / Boreho	la Puro		
Diato dellina and 3 9 211 AF				
Date drilling started: 8-24-15 Date dril	liing completed: 8-24-	Hole depth: 250	Hole diameter: 4"	
Location of the source of any surface water Method of dosing and volume of Chlorine	rused for deilling.	1110	N Somerille	
Logs run (circle all applicable) No log run Name of organization running log(s):			ther:	
Purpose of borehoie (check one): Water We		cal Investigation Ground S	Source Heat Pump	
Seismic Su If drilling is not related to	urveyOther (describe)_			
D. C.	o water wen construction.	skip the remainaer of this bloc	<i>l</i> :	
Purpose of Well (check one): Home X Inc	dustrialPublic Supply	Irrigation Fish Culture	Other:	
If a flowing well, method of flow regulation	: Valve Othe	r (describe)		
Static Water Level:feet abo	ve of below (circle one) land	i surface Date measured:	8-24-2015	
Method of Measurement (circle one) stee	el tape electric tape	air line other:		
Well depth: 256 Well grouted to a dept	th of 220 feet Type of	grout (circle one): Neat Cemen	Bentonite Min	
Casing length: 230 feet Casing	diameter: 4 in	nches Type of casing:	Sch 40 puc	
Screen length:	diameter: 4 in	nches Type of screen	51 40 PUC	
Screen slot size:O/Oinches	Setting depth: From	230 feet to 250	i feet	
ype of completion (circle all applicable):	Gravel packed Underrear	ned Telescoped Open ho	ie Natural Development	
op of iap pipe or reduction in easing:				
			The second secon	
			Form: OLWA TVA 14 TM	

SEP 08 2015

			Basium Clay Sand	Ground Level	8
			MATERICA	· 8	11
			grave!	110	35
			While Clay	35	60
			Blue Chy	60	185
			COARSE SAND	185	Z50
				· · · · · · · · · · · · · · · · · · ·	
				<u> </u>	
1			!	!	
·				· · · · · · · · · · · · · · · · · · ·	
1					
If more than one screen, show le		<u> </u>			
aid in locating the well 4) a north arrow.	. 57 day 10das, power I	mea. Of other hems the	and in locating the prope	erry and the werr:	
4) a north arrow.	. 57 mly Tomas, power I	mea. Of other frems the	and in locating the prope	erty and the weit:	
ketch the property layout and include aid in locating the well 4) a north arrow.	. 57 day Todaks, power in	mea. Of outer hems the	and in locating the proper	erty and the weit:	
4) a north arrow.		mea. Of Other Remix the		I WD CWD	
4) a north arrow.		mea. Of Other Remix the		I WD CWD	04/08
adowner Name:	rilied, constructed, an	d completed in accor	Form: O	LWR-SWR-iA	•
ndowner Name: tify that the well/borehole was dissippi Department of Environm	rilied, constructed, an	d completed in accor	Form: O	LWR-SWR-iA	•
adowner Name: tify that the well/borehole was dissippi Department of Environm	rilied, constructed, an ental Quality and the	id completed in accor	Form: O	LWR-SWR-IA () suirements of the applicable, and s	tate
adowner Name: tify that the well/borehole was dissippi Department of Environm	rilied, constructed, an	id completed in accor	Form: O	LWR-SWR-iA	tate

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

From (depth) To (depth)

BY: OWA

Description of Formations Encountered

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level_

STATE	WELL REPORT [
County: De So to	Part 2	For Office Use Only:	
Permit #: 6595 Pump Insta	lier's Completion Report	Aquifer:	
Mississinni Dena	runent of Environmental Quality		
	and and Water Resources P.O. Box 2309	Well #: 6124	
	r.O. Box 2309 ekson. MS 39225		
	(601)961-5210	Elevation:	
	1)961-5228 (fax)		
This part of the report must be completed by a ligarised water			
This part of the report must be completed by a licensed water report must be attached and both parts filed with the Departm	well contractor or a licensed pump ins	nalier. A copy of Part 1 of the	
Well Owner Information			
Commence of the transfer	Well Location		
Owner Name: William Lezical	Latitude: 34 56 45 Longitude: 89 57 41		
Mailing Address: 1765 No Hing Ham Ro	Method of Lat/Long (check one		
	USGS quad X. Hand-held G	PS Survey-grade GPS	
South Aved MS 38672 City State Zip Code	¼¼ Sec		
	Distance Direction		
Telephone No. (961) 212- 7640	4-0 Miles Ex SE of	Nearest Town	
	01_	THEN CARE INS	
h T			
Pump Type Circle one		er Type	
Air Lift Jet Submersible		cie one	
	Diesel Engine Gasoline	Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (sp	ecify):	
Other (specify):	Horse Power Rating of Motor:		
Date Pump Installed: 8-24- Zc/15	1		
	Setting Depth:	feet	
Rated Pump Capacity: 60 Gallons Per Minute	Number of Stages:		
Pump Test Data Pate Well Tested: X-24-2015	Method of Measu	iring Water Level	
	Circi	e one	
tatic Water Level (A): 150 Feet Below Land Surface	Air Line Electric Measur	ing Line Steel Tape	
	Other (specify):		
umping Water Level (B): 180 Feet Below Land Surface	() () () () () () () () () ()		
rawdown [(B) – (A)]: 160 Feet Below Land Surface	For flowing well, measured shut	in head:	
est Pumping Rate: 60 Galions Per Minute	Well yielded 60 G	· ·	
,			
ruration of Pump Test (minimum 4 hours):	feet after	4 hours of pumping	
This is for (circle one): New Well Replacement of			
lins is for (circle one): (New Well) Replacement of l	Existing Pump Repair of Existi	ng Pump	
HEREBY CERTIFY that the above statements are true to the best	et of my knowjedge.	HEUEIN	
SARY Smith \$1.080	1 X	050.00	
rint Name of Pump Installer and License No. (if applicable)	- May tout	SEP 08 20	
Diodio (10. (II aboucable)	Signature of Pump Instal		
	Ē	orm: OLWR-SWALIG 07 09	