	State We	ll Report	
County: Desoto	Part 1 – Driller's Log		For Office Use Only:
Permit #:	Mississippi Department o		Aquifer:
	Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		Well #: H-162
Driller: Jones w Mason			L. S. Elevation:
Date drilling completed: 3-15-06			E-log #:
State Law requires that this repo			
Department at the above address Information on Well			or borehole.
(Landowner if borehole is not f	In a subscription of the		
Owner Name Bobby Whort	رس ا	Latitude: - 1 · 5 a · 101	" Longitude: $\frac{89 \cdot 50}{9}$, 7 he): Conventional Survey,
Mailing Address: 504 Ros	<u>الم</u>	Method of Lat/Long (circle or	ne): Conventional Survey, 7
Maning Address: <u>JUR ROS</u>	<u>) (3.</u>	USGS quad, Hand-held	GPS) Survey-grade GPS
			Twn 25 Rng 6w
Olive Broven M City Sta	s 38654		
			of Lewisburg
Telephone No. (<u>GG) 893- 888</u> 0	<u>></u>		5
2-15-06-	0.000	1.1.51	. 011
Date drilling started: 373-0 Date d	rilling completed: 3-13-06	Hole depth: 143	Hole diameter: <u>8</u>
Location of the source of any surface wat Method of dosing and volume of Chlorir	ter used for drilling: the used in drilling and develop	A ment: ۲۹	
Date drilling started: $3 + 5 - 6$ Date drilling started: $3 + 5 - 6$ Date drilling started: $3 + 5 - 6$ Date drilling and solution of the source of any surface wat Method of dosing and volume of Chlorin Logs run (circle all applicable): No log run Name of organization running log(s):	ter used for drilling: ne used in drilling and develop	A ment: ۲۹	
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APR 1 0 2006 BY: OLW R

H- 162

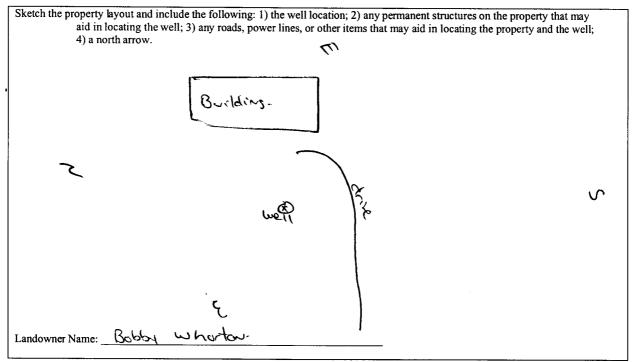
The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level_

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)
cloy dirt.	Ground Level	35
while soud	92	143
		1
		
·····		
		1
		<u> </u>
	1	

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

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 Thes w Mason 0-620 4-5-06 Jew w Mason These W Mason 0-620 4-5-06 Jew w Mason Signature of Licensee laws.

Print Name of Responsible Licensee and License No.

RECEIVED APR 1 0 2006 BY OINE

STATE W	ELL REPORT				
Permit #: Pump Installer Permit #: Mississippi Departme Driller: Jackson, I Date completed: 3-22-06 (601)	Part 2 s Completion Report ont of Environmental Quality and Water Resources Box 10631 MS 39289-0631)961-5210 54-6938 (fax) For Office Use Only: Aquifer: Well #: <u>H - 162</u> Elevation:				
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 Owner Name: Bobby whondow Mailing Address: SOU Ross rd. OLive Broch M3 38654 City State Zip Code	Well LocationLatitude: $34.53.(9)$ Longitude: $89.50.790$ ObWell LocationMethod of Lat/Long (check one): Conventional Survey				
Telephone No. (662) 893-8880	Miles NU of Lewisburg				
Pump Type Circle one Air Lift Jet	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas				
Bucket Piston Turbine	Electric Motor Hand Tractor PTO				
Centrifugal Rotary Flowing Well Other (specify):	Windmill Other (specify): Horse Power Rating of Motor: 3 HP - Setting Depth: 80 feet Number of Stages: 1 4				
Pump Test Data	Method of Measuring Water Level				
Date Well Tested: $3 - 3 - 66$ Static Water Level (A): 57 Feet Below Land Surface Pumping Water Level (B): 24 Feet Below Land Surface	Circle one Air Line Electric Measuring Line Steel Tape Other (specify): <u>Sting I weight</u>				
Drawdown [(B) – (A)]: $\underline{\rho}A$ Feet Below Land Surface Test Pumping Rate: $\underline{35}$ Gallons Per Minute Duration of Pump Test (minimum 4 hours): $\underline{\partial 4}$ hours	For flowing well, measured shut in head: $\[\begin{subarray}{c} $				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Jaces v. Masc</u> Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer					

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> Form: OL RECEIVED APR 1 0 2006 BY: OLWR