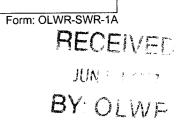
State W	ell Report	
	riller's Log	
Mississippi Department	of Environmental Quality Aquifer:	
	nd Water Resources well #: H-195	
1) Illian (10A-04 Lx) MIx 6A41	S 39289-0631 L. S. Elevation:	
Date drilling completed: 5-1-07 (601)	961-5210	
(601)354	-6938 (fax) E-log #:	
State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp	nse holder responsible for the work and filed with the letion of drilling of the well or borehole.	
Information on Well Owner	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: 34 · 53 · 583" Longitude: 89 · 50 · 24 · 4 · 6	
Owner Name Varid Aquadra	Method of Lat/Long (circle one): Conventional Survey,	
Mailing Address: 2230 (oss rd. No.	USGS quad, Hand-held GPS, Survey-grade GPS	
	Sw 1/4 Sec 21 Twn 2 ST Rng 6W	
Ocive Brown My 38654 City State Zip Code	Distance Direction Nearest Town	
Telephone No. (901) 337-7298	Miles NW of lewisburg	
Well / Bore	hole Data	
Date drilling started: 5-1-07 Date drilling completed: 5-1-0	Hole depth: 200' Hole diameter: 6314	
Location of the source of any surface water used for drilling:		
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/Geol	ogical Investigation Ground Source Heat Pump	
Seismic Survey Other (describe If drilling is not related to water well construction)n. skin the remainder of this block	
Purpose of Well (check one): Home Industrial Public Supply		
If a flowing well, method of flow regulation: Valve NA 0		
Static Water Level: 120 feet above of below circle one)		
Method of Measurement (circle one) steel tape electric tape air line other: String (weight		
Well depth: Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: 180 feet Casing diameter: 4 inches Type of casing:		
Screen length:		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development		
Other (describe):		
	lescoped or more than one screen, describe on next page	



The sketch below only required for water wells

11 well telescopes, snov	v aepins on skeich.
Ground Level	
Glound Level	abla
	
	1

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)
clay dirt	Ground Level	30
gravel	30	45
Blue clay	45	95
white clay	95.	120
while sould	120	140
while clay	LYO	155
white Sound	122	206
	,	

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

Sketch the property layout and incl aid in locating the we 4) a north arrow.	ude the following: 1) the well location; 2) any permane ell; 3) any roads, power lines, or other items that may aid	nt structures on the property that may in locating the property and the well;
	W Wan	
2.	Mouse Mouse	~
Landowner Name: Douid	Adquadro 3	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

laws. Jones w. Moson 0-620 Print Name of Responsible Licensee and License No.	5-29-07 Date	Signature of Licensee	RECEIVE
			JUN 0 1 2007

BY: OLWA

STATE WELL REPORT

County: Desoto

Part 2

Pump Installer's Completion Report

For Office Use Only:		
Aquifer:		
Well #: H 195		
Elevation:		

Driller: Janes us Masan Date completed: 5-16-67.	Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631		Aquifer: Well #: 195
Copy information from block on Part 1	(601)961-5210 (601)354-6938 (fax)		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.		staller. A copy of Part 1 of the	
Well Owner Informat		Well Location	
Owner Name: Dovid Aquad	<u></u>	Latitude: 34-53-58 ə	Longitude: 89-50-775
Mailing Address: 3930 (055 (<u>d n.</u>	Method of Lat/Long (check on	e): Conventional Survey,
		USGS quad, Hand-held GPS, Survey-grade GPS	
Olive Brown M3 38654 City State Zip Code		5w 1/ 5w 1/ Sec 21 T 25 R 6w	
City State	Zip code	Distance Direction	Nearest Town
Telephone No. (901) 337 - 7398		2 Miles NW of Lewisburg	
Pump Type Circle one			ver Type rcle one
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well		specify):
Other (specify):		Horse Power Rating of Motor:	1,15
Date Pump Installed: 5-10-07		Setting Depth:feet	
Rated Pump Capacity:		Number of Stages:	4
Pump Test Data		Method of Me	asuring Water Level
Date Well Tested: 5-10-07			ircle one
Static Water Level (A): 130 Feet			suring Line Steel Tape
Pumping Water Level (B): Feet		Other (specify): 5trin	g I weight
Drawdown [(B) – (A)]: Feet Below Land Surface		For flowing well, measured sh	nut in head:feet
Test Pumping Rate:		Well yielded	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): 34 hours		feet after_	24 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
Jones W. Moson 0-600	Jans w. Name
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Form: OLWRSWA-IB