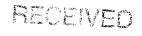
	State W	ell Report	T 00 1 0 1	
County: Oesolo	Part 1 – Driller's Log		For Office Use Only:	
	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources P.O. Box 2309		Well #: 17.217	
Driller: Jones w. Mason		, MS 39225	L. S. Elevation:	
Date drilling completed: 5-19-09	, ,	961- 5210 - 5228 (fax)		
	` '	` .	E-log #:	
State Law requires that this report Department at the above address	rt be prepared by the lice within 30 days of comp	ense holder responsible for t letion of drilling of the well	ne work ana jueu wun ine or borehole.	
Information on Well (rehole Location	
(Landowner if borehole is not fo	or a water well)	Latinda 34 0 584 , 452	Langitude: 89. 45. 905,	
Owner Name Lowisburg Mid	ldle school	5a' 48	Longitude: 89 45 45 45 45 45 45 45 45 45 45 45 45 45	
_		Method of Lat/Long (circle or	ne): Conventional Survey,	
Mailing Address: 1755 Craft	<u> Ka</u>	USGS quad, Mand-held	ld GPS, Survey-grade GPS	
		Suyse 1/4 Sec 30	Twn 2s Rng 6W	
OLive Broveh N City Sta	7. 3882A			
•			Nearest Town of Lewisburg.	
Telephone No. (66Z) 890-6708	8			
	Well / Bore	hole Data		
Date drilling started: 5-17-09 Date dr	illing completed: 5-17-C	9 Hole depth: (60'	Hole diameter: 6314	
Location of the source of any surface water	er used for drilling:	N/-		
Location of the source of any surface water Method of dosing and volume of Chloring	e used in drilling and devel	opment:		
Logs run (circle all applicable) No log ru Name of organization running log(s):		Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water W	ellGeotechnical/Geolo	ogical Investigation Ground	Source Heat Pump	
Seismic	Survey Other (describe))		
		n, skip the remainder of this blo		
Purpose of Well (check one): Home I	ndustrial Public Supply	Irrigation Fish Culture	Other:	
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: _36feet above or below vircle one) land surface Date measured: _5-/9-09				
Method of Measurement (circle one) steel tape electric tape air line other: String weight				
Well depth: 160 Well grouted to a de	pth of 50 feet Type	of grout (circle one): Neat Cem	ent Bentonite Mix	
Casing length: 130 feet Casin	ng diameter:	_inches Type of casing:	ρυς	
Screen length: 30 feet Scre	en diameter:4	inches Type of screen:	puc	
Screen slot size: , O(0inches				
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 tel	escoped or more than one scre	en, describe on next page	

Form: OLWR-SWR-1A (04/08)



The sketch below only requir	ed for water wells
------------------------------	--------------------

If well telescopes,	show	depths	on	sketch
Ground Level.		7		

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	
while soud	10	30
while clay	30	35
white roud	35	70
white clay	70	100
while said.	100	160
		1
	-	1
		
	 	
	 	
l		

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

Sketch the property layout and include the following: 1) the well location aid in locating the well; 3) any roads, power lines, or other 4) a north arrow.	items that may aid in locating the property and the w	ay vell;
Jan Na	tennis	
School		ح.
Landowner Name: Lewisburg Middle School	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

Janes w. Mason	062-0	6-16-09.	Josu-Mon	
Print Name of Responsible Licensee an	d License No.	Date	Signature of Licensee	JUN 1 8 2009

BY: OLWR

STATE WELL REPORT

County: Desoto

Permit #:

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309

For Office Use Only:				
Aquifer:				
Well #:	11217			
Elevation: _				

Driller: Texs w. Mason		n 2200		
	P.O. Box 2309		Well #: 1-1-217	
Date completed: 5-19-09		n, MS 39225	Won #	
	•	961-5210 1-5228 (fax)	Elevation:	
Copy information from block on Part 1	(001)90	1-3228 (fax)		
This part of the report must be completed by report must be attached and both parts filed				
Well Owner Information	n	Well	Location	
Owner Name: Lewisburg Middle Mailing Address: 1755 Craf+R		Latitude: 34.59.473 Longitude: 89.45.403 34.652.632.7 Representation of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Sw. 1/2 SE 1/2 Sec 30 T 25 R 6w		
Training reducess.				
Olive Brown MS City State	3867			
City State	Zip Code	Distance Direction	Nearest Town	
Telephone No. (662) 890-6708		114 Miles 500 of Lewisburg.		
Pump Type			ver Type	
Circle one		Cir	rcle one	
Air Lift Jet S	Submersible	Diesel Engine Gasoline	e Engine Natural Gas	
Bucket Piston T	urbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary F	Flowing Well	Windmill Other (s	specify):	
Other (specify):		Horse Power Rating of Motor:	フリュ	
Date Pump Installed: 5-19-69		Setting Depth:		
Rated Pump Capacity: 90 Ga	allons Per Minute	Number of Stages:16		
Pump Test Data			suring Water Level	
Date Well Tested: 5-19-09		Cir	rele one	
		Air Line Electric Measo	uring Line Steel Tape	
Static Water Level (A): Feet Below Land Surface		Other (emerica): Star	I was at	
Pumping Water Level (B): Feet Bel	low Land Surface	Other (specify): String	1 milks	
Drawdown [(B) – (A)]:Feet Be	low Land Surface	For flowing well, measured shu		
Test Pumping Rate: 90 Ga	allons Per Minute		GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	∂4 hours	feet after_3	hours of pumping	
I HEREBY CERTIFY that the above statement Jones a. Mason 0-620 Brief Name of Burn Installer and License No.		f my knowledge.	raller.	
Print Name of Pump Installer and License No.	(if applicable)	Signature of Pump Inci	taller	

Signature of Pump Installer

Form: OLWR-SV/R-1B (04/06) Print Name of Pump Installer and License No. (if applicable)