County: Desato		
Permit #	t:	
Driller:	Jones W. Mason	
	lling completed: 5-3 4-16	

STATE WELL REPORT

Part 1 Driller's Log

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 #: 1237		
Aquifer:		
E-Log #:		

Well or Borehole Location

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: 34~49 53103 N Longitude: 89~43 35。31 い			
Owner Name: Lorry Day				
Mailing Address: 14876 strickland rd	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS SE, Sec, T3SR			
Byhalia Ms 38611	1			
Byhalia MS 38611 City State Zip Code	218 Miles NE of ingress will			
Telephone No. (501) 351-8757	(Distance) (Direction) (Nearest Town)			
Well / I	Borehole Data			
Date drilling started: 5-34-16 Date drilling completed: 5-34-16 Hole depth: 155' Hole diameter: 2''				
Location of the source of any surface water used for drilling: NIA				
Method of dosing and volume of Chlorine used in drilling	and development: Sppn and greater			
Logs run (circle all applicable): No log run Electric Gam	Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:			
Name of organization running log(s):ハー				
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder 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: 81 feet [above or below] and surface Date measured: 5-34-16				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String weight				
Well depth: 155 Well grouted to a depth of: 10	feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 145 feet Casing diameter:	inches Type of casing:			
Screen length: 10 feet Screen diameter:	inches Type of screen:			
Screen slot size: . O 10 inches Setting dept	h: From 145 feet to 155 feet			
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Deceive			
Other (describe):	JUN 2 2 2016			
Top of lap pipe or reduction in casing:ree	t			
If telescoped or more than	n one screen, describe on next page			

County:	F Well #	For Office Use: H237	Only:
The sketch below only required for water wells	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations		
If well telescopes, show depths on sketch.	Description of Formations Encountered	From (depth)	To (depth)
Ground Level	Description of Formations Encountered	Ground level	as
	clay dirt	35	45
	while soud		20
	gravel write soud	45	100
	while clay	100	120
	white soud	(20	122
If more than one screen, show location of each on sketch			
ketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may a 3) any roads, power lines, or other items that may aid in 4) north arrow	n locating the property and the well	_	_
	۲ F	Receive	∌d
1		JUN 2 2 201	16
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J. TH	ore C	By OLW	'R É
3 3	Ø gall		~

I HEREBY 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.

6-20-16

Date

Print Name of Responsible Licensee and License No.

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

STATE WELL REPORT

County: Desoto Permit #: Driller: James w Majon Date completed: 5-24-16 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

For Office Use Only:				
Well #: 1337				
Aquifer:				

		01)961-5210) 360-0535 (fax)		
	This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.		
	Well Owner Information	Well Location		
	Owner Name: Lorry Day	Latitude: <u>34°49′53໙ລົ</u> NLongitude: <u>89° ເ/3′35ເອ1'' ພ</u>		
	Mailing Address: 14876 Strickland 10	Method of Lat/Long (check one): Conventional Survey,		
		USGS quad, Hand-held GPS, Survey-grade GPS		
	Byldic Ms 38611	SE 1/4 SE 1/4, Sec 9 T 35 R 5W 3'18 Miles NE of instead mill (Distance) (Direction) (Nearest Town)		
	City State Zip Code	2118 Miles NE of ingrems mill		
	Telephone No. (901) 351~ 8357	(Distance) (Direction) (Nearest Town)		
	Pump Typ	oe (circle one)		
7	Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):		
٦	Date Pump Installed: 5-21-16 Rated Pump Capacity: 10 Gallons Per Minute			
	Is This Pump (circle one): (New Repaired Replacemen			
		pe (circle one)		
	Electric Diesel Gasoline Natural Gas Tractor PTO Wind	dmill Other (describe):		
	Horse Power Rating of Motor: 3/4 Setting Dept	h: 110feet Number of Stages:		
Ī	Pump Test Data	for Non Flowing Well		
	Date Well Tested: 5-24-16 Duration of Pump Test (minimum 4 hours): 24 hours			
	Static Water Level (A): 81 Feet Below Land Surface Pumping Water Level (B): 6 Feet Below Land Surface			
	Drawdown [(B) - (A)]:Feet Below Land Surf	ace Test Pumping Rate: Gallons Per Minute		
	Method of measurement (circle one): Steel tape Electric to	ape Air line Other (describe): String I veight		
	Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): 5 trias [veight]			
	Measured shut in head: feet.			
	Well yielded OPM with a drawdown of	feet after 34 hours of pumping		
	Meter	Installation		
	Meter Manufacturer:NA	Meter Serial Number: NA		
	Meter Model Number/Name:	Type of Meter: Received		
	Totalizer Register Unit and Multiplier Factor (AF x .001, gal	x 1000, etc):		
	Installation Date:			
	Is This Meter (circle one): New Repaired Replaceme	By OLWR		
	Important: By submitting the above information you are co For agricultural wells, a list of ap	ertifying that this meter was installed to manufacturer standards. proved meters is on the MDEQ website.		
1	I HEREBY CERTIFY that the above statements are true to th	e best of my knowledge.		
	Jenes W. Meson 0-620	6.20-16 Jes w. Man		
	Print Name of Pump Installer and License No. (if applicable			
-	77.75	Form: OLWR-SWR-1B (4/13)		