State W	ell Report		
	Oriller's Log	For Office Use Only:	
Mississippi Departmer	nt of Environmental Quality	Aquifer:	
D O	nd Water Resources Box 2307	Well #: K-264	
	n, MS 39225	L. S. Elevation:	
Data dulling assumbated: 1 - 7 - 13 4/	961- 5210 1- 5228 (fax)	E-log #:	
State Law requires that this report be prepared by the lic	ense holder responsible for t		
Department at the above address within 30 days of comp	letion of drilling of the well	or borehole.	
Information on Well Owner (Landowner if borehole is not for a water well)		rehole Location	
•	Latitude: 34 . 44 . 460	D. Longitude: 90 · 02 · 346,	
Owner Name Art Bricky	Method of Lat/Long (circle or	D. Longitude: 90.00, 34L, ne): Conventional Survey,	
Mailing Address: 3867 wheeler d		GPS Survey-grade GPS	
11	NW 1/4 NW1/4 Sec 15	Twn 4s Rng 8w	
Hernando MS 38632 City State Zip Code			
_	31/8 Miles SW	Nearest Town of robertson gin	
Telephone No. (901) 489 - 2913			
Well / Bore	hole Data		
Date drilling started: (2-7-08) Date drilling completed: 12-7-	SE Hole depth: 185'	Hole diameter: 6314	
Location of the source of any surface water used for drilling:	Α		
Method of dosing and volume of Chlorine used in drilling and deve	lopment:		
Logs run (circle all applicable): O log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	Other:	
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, skip the remainder of this bl	ock	
Purpose of Well (check one): HomeIndustrial Public Supply	<del></del>		
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level: 78 feet above or below circle one) land surface Date measured: 13-7-08			
Method of Measurement (circle one) steel tape electric tape air line other: String lueight			
Well depth: 185 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 165 feet Casing diameter: 1 inches Type of casing: 100			
Screen length: 30 feet Screen diameter: 4 inches Type of screen: 600			
Screen slot size: OIO inches Setting depth: From IGT feet to IPT feet			
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 telescoped or more than one screen, describe on next page			

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

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The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground LevelDescription of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
chan dict.	Ground Level	25
white soud	<i>35</i>	30
grevel	30	60
white eley	60	80
firewhound	80	140
med. wht. soud.	140	(85
		<u> </u>

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

Sketch the property layout and include the following aid in locating the well; 3) any roads, 4) a north arrow.	g: 1) the well location; 2) any permanent structor power lines, or other items that may aid in location.	ures on the property that may ting the property and the well;
house	drieway	~
Landowner Name: Art Bricky		Form: OI WR-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

······································	• • • •		
Jane; w. Moson 0-620	1-5-09	Gers w. Men	RECEIVED
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	
			1AM 0.7 2000

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## STATE WELL REPORT

## Part 2

County: Desoto

Permit #:

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 #: K-264		
Elevation:		

Date completed: 12-7-08	Jackson, MS 39225		Well#:
	(601)961-5210 (601)961-5228 (fax)		Elevation:
Copy information from block on Part 1	(001)701-3226 (lax)		
This part of the report must be completed to report must be attached and both parts file	by a licensed water well o ed with the Department o	contractor or a licensed pump in It the above address within 30 da	staller. A copy of Part 1 of the vs of well completion.
Well Owner Informati			Location
Owner Name: Art Bricky		Latitude: 34-44.460	Longitude: 90-03-346
Mailing Address: 3867 wheel	e rd	Method of Lat/Long (check one	
		USGS quad, Hand-held (	GPS, Survey-grade GPS
<u>Vernando</u> ns City State	38632.	NW 1/4 NW 1/4 Sec 15	T 45 R 8W
Chy State	Zip Code	Distance Direction	Nearest Town
Telephone No. (901) 489 - 2913		Distance Direction $3^{118}$ Miles $5\omega$ of	Cobertion
receptione no. (131) (01) 0113		OI WITTES 300 01	THE STATE GIVE
D T		D	ver Type
Pump Type Circle one			rcle one
Air Lift Jet	Submersible	Diesel Engine Gasoline	Engine Natural Gas
Bucket Piston	Turbine (	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other (s	pecify):
Other (specify):	Horse Power Rating of Motor: 314		
Date Pump Installed: 13-7-08	ate Pump Installed: 13-7-08 Setting Depth: 100 feet		<u>feet</u>
Rated Pump Capacity:	Gallons Per Minute	Number of Stages: 8	
Pump Test Data			suring Water Level cle one
Date Well Tested: 12-7-08		Air Line Electric Meas	
Static Water Level (A): 78 Feet I	Below Land Surface	,	
Pumping Water Level (B): Feet B	Below Land Surface	Other (specify): 3tring	I weish
Drawdown [(B) – (A)]:Feet B	Below Land Surface	For flowing well, measured shu	it in head:feet
÷ •	Gallons Per Minute	Well yielded(O	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	∂4_hours	feet after_	<b>a</b> hours of pumping
I HEREBY CERTIFY that the above stateme	ents are true to the best of	f my knowledge.	
_	<b>A</b>		
Print Name of Pump Installer and License No	o. (if applicable)	Signature of Pump Ins	taller
The state of the s	\ app.neas.e/	~-Briming of a marip 1110	Form: OI WR-3W9-18 (4/48)/

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