State	Well Report				
	- Driller's Log For Office Use Only:				
Mississippi Departr	ment of Environmental Quality Aquifer:				
Permit #: Office of Lar	nd and Water Resources				
Driller: Sove w. 1					
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	n, MS 39289-0631 L. S. Elevation:				
)354-6938 (fax) E-log #:				
	license holder responsible for the work and filed with the				
Department at the above address within 30 days of co	ompletion 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 . 46 . 354" Langitude: 89 . 43 . 484				
Owner Name Pom Archer	Latitude: 34 · 46 · 354" Longitude: 89 · 43 · 484 Method of Lat/Long (circle one): Conventional Survey,				
Mailing Address: Lot 6 county live od	Method of Lat/Long (circle one): Conventional Survey,				
Mailing Address: Love County like id	USGS quad, Hand-held GPS, Survey-grade GPS				
	SE 1/4 SE 1/4 Sec 33 Twn 35 Rng 5 W				
Buladia Ms 38611	25 1/4 Sec 55 Twn 95 Rng 969				
City State Zip Code	Distance Direction Nearest Town 3 Miles 5 = of Trygons mill				
Telephone No. (662) 238- 7904	3 Miles SE of Ingrans mill				
Telephone No. (200) 33877904					
Well / E	Borehole Data				
Date drilling started: $9-37-67$ Date drilling completed: $9-37-65$ Hole depth: $155'$ Hole diameter: $8''$					
Location of the source of any surface water used for drilling:	NA				
Method of dosing and volume of Chlorine used in drilling and development:					
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump					
runpose of obtenote (check one). Water wen Geotechnical/Geological investigation Ground Source Heat Fump					
Seismic Survey Other (describe)					
If drilling is not related to water well construction, skip the remainder of this block					
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve NA Other (describe)					
Static Water Level: feet above of below (circle one) land surface Date measured: 7-27-05					
Method of Measurement (circle one) steel tape electric tape air line other: string (weight					
Well depth: Well grouted to a depth of feet					
Casing length: 145' feet Casing diameter: 4 inches Type of casing: DUC					
Screen length: 10 feet Screen diameter: 4 inches Type of screen: po (
Screen slot size:, O 10inches Setting depth: From 145feet to 155feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					

Other (describe):

Top of lap pipe or reduction in casing:

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feet. If telescoped or more than one screen, describe on next page

The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level

<u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	Γo (depth)
clay dirt.	Ground Level	15
grovel	15	40
while clay	40	60
while soul	60	155
	,	

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

Sketch the property layout and include the following: 1) the well lo aid in locating the well; 3) any roads, power lines, or 4) a north arrow.	cation; 2) any permanent structures of other items that may aid in locating to	on the property that may he property and the well;
, a norm and	4	
well house		
\checkmark		7
J'in the second of the second		
County like rd.		
County (C)C 1st.		
Landowner Name: Pon Archer	<i>ts</i> }	
		Form: OLWD SWD

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

Janes w. Mosa. 0-620	10-26-05	Gos w. Ma	RECEIVED
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	OCT 3 1 2005
			BY: OLWR

STATE WELL REPORT Part 2 County: Desoto For Office Use Only: **Pump Installer's Completion Report** Permit #: Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Well #: Jackson, MS 39289-0631 Date completed: 9-27-05 (601)961-5210 Elevation: (601)354-6938 (fax) Copy information from block on Part 1 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 Well Location Latitude: 34,46. 354 Longitude: 89.43, 484 Mailing Address: Lot 6 Method of Lat/Long (check one): Conventional Survey, USGS quad , Hand-held GPS \checkmark , Survey-grade GPS____ SE 45E 4 Sec 33 T 35 R 500 Direction Nearest Town Distance 3 Miles SE of Ingons mill Telephone No. (662) 838- 7904 **Power Type Pump Type** Circle one Circle one Natural Gas Submersible Diesel Engine Gasoline Engine Air Lift Tractor PTO Electric Motor Hand Turbine Piston Bucket Windmill Other (specify): Flowing Well Centrifugal Rotary Horse Power Rating of Motor: Other (specify): Date Pump Installed: 9-27-05 feet Setting Depth: Rated Pump Capacity: _____ (2 Number of Stages: Gallons Per Minute Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: 9-27-05 Steel Tape Electric Measuring Line Air Line Static Water Level (A): Feet Below Land Surface Other (specify): String I weight Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: ___ \ GPM with a drawdown of Well vielded Gallons Per Minute feet after ∂Y hours of pumping Duration of Pump Test (minimum 4 hours):

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Trint Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWR/F

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