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State W	ell Report Dept of Environmental Quality			
Part 1 I	Part 1 - Driller's Log Office of Pollution Control use only:			
Mississippi Departmen	t of Environmental Quality Aquifer:			
Permit #: Office of Land a	and Water Resources Sox 10631 Well #: M-223			
I Driber Joans Co. 11 10 10 10 1				
	IS 39289-0631 L. S. Elevation:			
	4-6938 (fax) E-log #:			
State Law requires that this report be prepared by the lic Department at the above address within 30 days of comp	ense holder responsible for the work and filed with the			
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	34 . 46 . 585 89 . 43 . 969 .			
Owner Name Steve Sims	Latitude: 34 10 13 15 Longitude: 87 15 15 15 15 15 15 15 15 15 15 15 15 15			
Mailing Address: 5700 myers (4	Latitude: 34 • 46 · 585" Longitude: 89 • 43 · 969. Method of Lat/Long (circle one): Conventional Survey,			
Walling Address. 5100 Myers 14	USGS quad, Hand-held GPS, Survey-grade GPS			
0	<u>νΕ 1/2 Sω 1/4 Sec 3.3 Twn 3s Rng Sω</u>			
Byhalia Ms 38611 City State Zip Code				
	Distance Direction Nearest Town 3 Miles SE of Traces will			
Telephone No. (901) 258 ~ 7 81				
Well / Bore	hole Data			
Date drilling started: 3-6-07 Date drilling completed: 3-6-07 Hole depth: 140' Hole diameter: 63/4				
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): log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):				
Purpose of borehole (check 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 (check one): Home / Industrial Public Supply				
If a flowing well, method of flow regulation: Valve O				
Static Water Level:feet above or below circle one) l	and surface Date measured: 3~67~67			
Method of Measurement (circle one) steel tape electric tape	air line other: String (uneight.			
Well depth: 140 Well grouted to a depth of 10 feet Type	of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 130 feet Casing diameter: 4 inches Type of casing: psc				
Screen length: 10 feet Screen diameter:	inches Type of screen:			
Screen slot size:inches Setting depth: From	130 feet to 140 feet			
Type of completion (circle all applicable): Gravel packed Under	earned Telescoped Open hole Natural Development			
Other (describe):	\ <u>A</u>			
Top of lap pipe or reduction in casing:feet. If tel.	escoped or more than one screen, describe on next page			
	Form: QLWR SWR-14			

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The sketch	helow	only re	enuised fo	r water i	والم
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If well telescopes, show depths on sketch	If w	ell tei	lescopes,	show	depths	on	sketch
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Ground Level	
	_

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 dist.	Ground Level	30
grovel	36	38
while sound	3 <i>e</i>	40
white clay	40	80
Blue clay	98	30
unite sound	90	140
		1
		<u> </u>

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

Sketch the property layout and include aid in locating the well; 3 4) a north arrow.) any roads, power lines,	location; 2) any permanent structure or other items that may aid in location (Section 2).	res on the property that may ng the property and the well;
2	house		2
Landowner Name: 51eve	Sims.	<u></u>	

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.

Jores w. Moson	0-620	3-24-07
Print Name of Responsible License	e and License No.	Date

Signature of Licensee RECEIVED

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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 10631 Jackson, MS 39289-0631

Dept of	<u>∈nvir</u> (nmen	tal (Qual	it
Öffice	of Po	Illution	Co	ntrol	ľ

For Office Use Only:			
Aquifer:			
well #: M - 223			
Elevation:			

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 le report must be attached and both parts filed wit	ontractor or a lices	nsed pump ins within 30 day	staller. A copy o	of Part 1 of the	
Well Owner Information	и те Беринтет и	the above address	Well	Location	
Owner Name: Steve Sims Mailing Address: 570 myers 19		Latitude: 34.46 Method of Lat/Lo USGS quad	ng (check one	e): Conventiona	l Survey,
Brhalio MS City State	2.000	NE ½ SW Distance	% Sec_3	3 T 3S R Nearest Tow	<u> 5 w</u> /n
Telephone No. (901) 358 - 7181		Miles _	<u> </u>	empent	
Pump Type Circle one		1.0		er Type	
Air Lift Jet Sub	mersible	Diesel Engine	Gasoline	e Engine	Natural Gas
Bucket Piston Turk	oine	Electric Motor	Hand		Tractor PTO
Centrifugal Rotary Flo	wing Well	Windmill	Other (s	pecify):	
Other (specify):		Horse Power Rati	ing of Motor:	314-	
Date Pump Installed: 3-8-67		Setting Depth:	<i>a</i>	10	_feet
Rated Pump Capacity: Gallet	ons Per Minute	Number of Stages	s: <u>l</u>	ŧ	-
Pump Test Data		M		isuring Water I rele one	Level
Date Well Tested: 3-8-07		A in T in a			Steel Tone
Static Water Level (A): 70 Feet Belo	w Land Surface	Air Line		_	
Pumping Water Level (B): MA Feet Below	w Land Surface	Other (specify):	JAINS	1 meigh	
Drawdown [(B) – (A)]: ~~A Feet Below	w Land Surface	For flowing well	, measured sh	ut in head:	feet
Test Pumping Rate: Galle	ons Per Minute	Well yielded	12	_GPM with a d	rawdown of
Duration of Pump Test (minimum 4 hours):	hours		feet after	<u>∂4</u> _hc	ours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.
Jones W. Mason 0-620	Good w. Non-RECEIVE
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Forting APR-1/2 R 95/2018/7

BY: OLWR