	State Well Report	
County: Deseto	Part 1 – Driller's Log	For Office Use Only:
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: <u>M-264</u>
Driller: Jones Mojon	P.O. Box 10631	Well #: ///-/61
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 5-6-08	(601)961-5210	
	(601)354-6938 (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)		
Owner Name Bry Bowlin.	Latitude: $\frac{34 \circ 49}{55}$, $\frac{34}{55}$, $\frac{49}{55}$, $\frac{34}{55}$, $\frac{45}{55}$, $\frac{153}{59}$ Method of Lat/Long (circle one): Conventional Survey,	
Mailing Address: 13364 strictland rot	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Bythalis</u> My <u>38611</u> City State Zip Code	<u>Nw 1/2 Sec 8 Twn 35 Rng 500</u>	
City State Zip Code	Distance Direction Nearest Town 12 Miles NE of ingrams mill	
Telephone No. 200 283 - 4257	12 Miles NE of ingrans Mill	
Well / Bore	hole Data	
Date drilling started: $5 \cdot 6 \cdot 6 \cdot 6$ Date drilling completed: $5 - 6 - 6 \cdot 6$	F Hole depth: 175 Hole diameter: 6314	
Location of the source of any surface water used for drilling: \mathcal{LA} Method of dosing and volume of Chlorine used in drilling and devel	opment: ~u4	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Name of organization running log(s): معل	Density Sonic Neutron Other:	
Purpose of borehole (check one): Water Well <u>C</u> Geotechnical/Geological Investigation Ground Source Heat Pump		
Seismic Survey Other (<i>describe</i>		
If drilling is not related to water well construction		
Purpose of Well (check one): Home <u></u> Industrial Public Supply	Irrigation Fish Culture Other:	
If a flowing well, method of flow regulation: Valve Other (describe)		
Static Water Level:feet above (r below (circle one) land surface Date measured:		
Method of Measurement (circle one) steel tape electric tape air line other: <u>Striviteric</u>		
Well depth: $1 \ge 5$ Well grouted to a depth of <u>()</u> feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: feet Casing diameter: inches Type of casing:		
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>$\rho \sim c$</u>		
Screen slot size: (0) inches Setting depth: From	115 feet to <u>(+)</u> feet	
Type of completion (circle all applicable): Gravel packed Underr	eamed Telescoped Open hole Natural Development	
Other (describe):		
Top of lap pipe or reduction in casing:feet. <u>If tele</u>	escoped or more than one screen, describe on next page	

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STATE WELL REPORT	
Pump Installer's Completion Report	For Office Use Only:
Mississippi Department of Environmental Quality	Aquifer:
P.O. Box 10631	- 2/11
Jackson, MS 39289-0631 (601)961-5210	Well #: <u>M-269</u>
(601)354-6938 (fax)	Elevation:
	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210

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	
Owner Name: BOW BOWIN	Latitude: 34 . 49 . 926 Longitude: 89 . 45 . (53	
Mailing Address: 13364 Stricklandrd	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Bynalia MJ 38611 City State Zip Code	NW 1/ Sw 1/ Sec & T35 R Sw	
-	Distance Direction Nearest Town	

1/2 Miles NE of ingrows will

Telephone No. (101) 283 - 4257

	Pump Type Circle one			Power Type Circle 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 (specify):	
Other (specify):			Horse Power Rating of	of Motor: 314	
Date Pump Installed:	5-12-08		Setting Depth:	08	_feet
Rated Pump Capacity: _	(0)	_Gallons Per Minute	Number of Stages:	8	

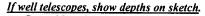
Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 5 12-0 8	Circle one		
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
	Other (specify): String luneight		
Pumping Water Level (B): Feet Below Land Surface			
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: Callons Per Minute	Well yielded <i>l </i> C GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): $\frac{\partial \Psi}{\partial \Psi}$ hours	$-$ feet after $\overline{\partial 4}$ hours of pumping		

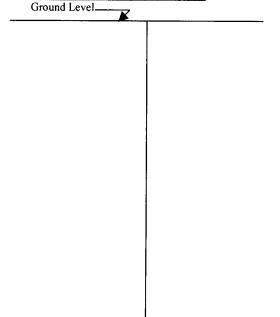
I HEREBY CERTIFY that the above statements are true to the best o	f my knowledge.	
Town Majon 0-620 Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	_
		ED

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M-264

The sketch below only required for water wells

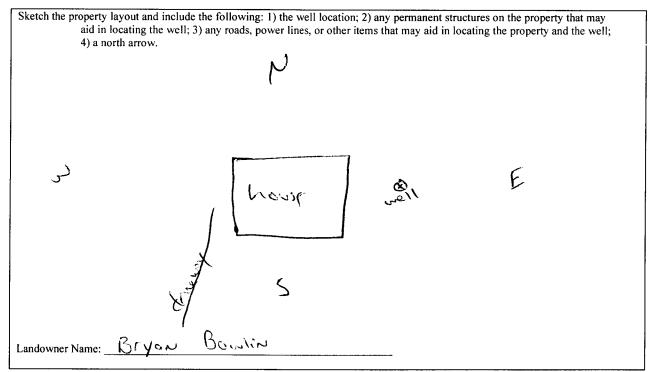




Description of formations encountered must be provided for all	
wells and boreholes, unless specifically exempted by regulations	

Description of Formations Encountered		To (depth)
Clay dict	Ground Level	39
Cley dict white soud	32	125-
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		ļ
	-l	

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



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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.

5-2-08 Marca 0-620 Jones

Date

Print Name of Responsible Licensee and License No.

⁷ Signature of Licensee

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