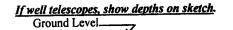
•				
State W	ell Report	For Office Use Only:		
County: Desoto Part 1 - Driller's Log		· · · · ·		
Mississippi Departmer	nt of Environmental Quality	Aquifer: M 290		
	Office of Land and Water Resources P.O. Box 2309			
	n, MS 39225	L. S. Elevation:		
Date drilling completed: $4 - 13 - 11$ (601)961- 5210 (601)961- 5228 (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 a nation of drilling of the well	the work and filed with the		
Information on Well Owner		rehole Location		
(Landowner if borehole is not for a water well)	Latituda 24 . 47 ,003	" Longitude: (2 . 49 , 69F,		
Dwner Name Amarida Franks		" Longitude: <u>89 • 49 · 105 ·</u> ne): Conventional Survey,		
	Method of Lat/Long (circle or	ne): Conventional Survey,		
Mailing Address: 5705 Fox Lill.	USGS quad, Hand-held	GPS) Survey-grade GPS		
3863	50 1/ NE 1/4 Sec 34	<u>لا Twn 35 Rng 6 کم</u>		
hernando Mu 38632. City State Zip Code	Distance Direction	Nearest Town		
	<u>_3</u> Miles <u>NE</u>	of Alphoba		
relephone No. <u>A01)</u> 652-5139.				
Well / Bore	ehole Data			
Date drilling started: <u>4-13-11</u> Date drilling completed: <u>4-13-</u>	11 Hole depth: 155	Hole diameter: 6314		
Location of the source of any surface water used for drilling:	MA			
Method of dosing and volume of Chlorine used in drilling and deve	iopment:			
Logs run (circle all applicable). No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	Other:		
Purpose of borehole (check one): Water Well <u></u> Geotechnical/Geol	logical Investigation Ground	Source Heat Pump		
Seismic Survey Other (describe) ret			
If drilling is not related to water well construction	on, skip the remainder of this bl	ock		
Purpose of Well (check one): HomeIndustrial Public Supply	y Irrigation Fish Culture	Other:		
If a flowing well, method of flow regulation: Valve C				
-				
Static Water Level: 76 feet above of below (vircle one) land surface Date measured: 4-13-11				
Method of Measurement (circle one) steel tape electric tape air line other: string / meish				
Well depth: 157 Well grouted to a depth of <u>(0</u> feet Type	e of grout (circle one): Neat Cen	nent Bentonite Mix		
Casing length: 145 feet Casing diameter: 4	inches Type of casing:	puc		
Screen length: <u>10</u> feet Screen diameter: <u>4</u>		1		
Screen slot size:				
Type of completion (circle all applicable): Gravel packed Unde				
	~1			
Top of lap pipe or reduction in casing:feet. If te	lescoped or more than one scre			
		Form OLWR-SWR-1A (04		
		MAY 1, 225		
		A ME AND CONTRACTOR OF A CONTRACTOR A		

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M 290

The sketch below only required for water wells

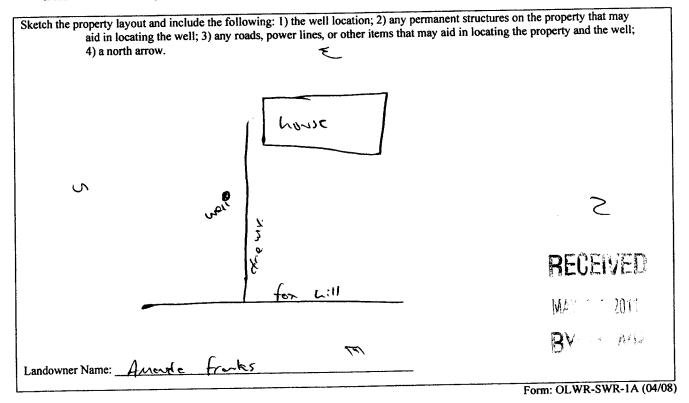


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Description of Formations Encountered	From (depth)	To (depth)
clay dirt	Ground Level	10
while sad	(0)	18
genel	18	30
under clay	30	45
white sond	45	80
white class	80	90
Sand:	90	155
		<u> </u>
		+
		+
		+
		<u> </u>

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



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. 5-9-11 0-620 w. Meser Jones Signature of Licensee Print Name of Responsible Licensee and License No. Date

STATE WELL REPORT			
Permit #: Permit #: Office of Land	art 2 For Office Use Only: s Completion Report Aquifer: and Water Resources Aquifer:		
Data completed: 4 - 12 - 11 Jackson	Box 2309 n, MS 39225 Well #:		
(001	961-5210 51-5228 (fax) Elevation:		
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		
Owner Name: Anorde friks.	Latitude: 34.47.003 Longitude: 89.49.105		
Mailing Address: 5205 fox hill	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>SW 1/2 NE 1/2 Sec 34 T 35 R 6W</u>		
	Distance Direction Nearest Town		
Telephone No. (991) 652 - 5139	<u>3</u> Miles NE of Alphaba		
Ритр Туре	Power Type		
Circle one	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 Motor:		
Date Pump Installed: 4-13-11	Setting Depth:feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages:8		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested: (3-11	Circle one		
Static Water Level (A): Feet Below Land Surface	Other (specify): veight		
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: Gallons Per Minute	allons Per Minute Well yielded <u>10</u> GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	$\underline{\qquad}$ feet after $\underline{\partial Y}$ hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
Toncs Mesco 0-620 Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		
Print Name of Pump Installer and License No. (If applicable) > Signature of Pump Installer Form: OLWR-SWR-1B (04/08)			

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