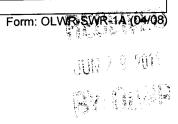
,	State W	ell Report	For Office Hee Orlen	
County: Jesoto	Part 1 – Driller's Log		For Office Use Only:	
	Mississippi Department of Environmental Quality		Aquifer: <u>M</u> 297	
Permit #:	Office of Land and Water Resources P.O. Box 2309		Well #:	
Driller: Janes W. Majou		n, MS 39225	L. S. Elevation:	
Date drilling completed: 5-31-11		961- 5210 1- 5228 (fax)	E-log #:	
State Law requires that this repor	t he nrenared by the lice	ense holder responsible for t		
Department at the above address	within 30 days of comp	oletion of drilling of the well	or borenoie.	
Information on Well ()wner	Well or Bo	orenole Location	
(Landowner if borehole is not f		Latitude: 34 °47 , 324	" Longitude: $89 \circ 45 \cdot 389$ "	
Owner Name Tim Chri		Method of Lat/Long (circle or	E" Longitude: 89 ° 45 , 387 " .23 ne): Conventional Survey,	
Mailing Address: 13145 Holls	Jorings 101.	USGS quad, Hand-held	Survey-grade GPS / Twn 3s Rng 5w	
2	3 5 11	Nw 1/4 Nw 1/4 Sec 36	Twn 35 Rng 5w	
Byhalia M. City Sta	te Zip Code	Distance Direction	Nearest Town	
		312 Miles SE	of ingrans mill	
Telephone No. (64) 838-649				
	Well / Bore	(0)	ـ اخ ۲	
Date drilling started: 5-31-11 Date dr	illing completed: 5-31-11	Hole depth:	Hole diameter: 6314	
Location of the source of any surface wat Method of dosing and volume of Chlorin	er used for drilling: e used in drilling and deve	lopment:		
Logs run (circle all applicable): No log run Name of organization running log(s):	n) Electric Gamma Ray	Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water W	/ellGeotechnical/Geol	logical Investigation Groun	d Source Heat Pump	
Seismic	Survey Other (describe	e)	look	
		on, skip the remainder of this b		
Purpose of Well (check one): Home			Other:	
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 5-31-11				
Method of Measurement (circle one) steel tape electric tape air line other: String luicing				
Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cemen Bentonite Mix				
Casing length:feet Cas				
Screen length: 10 feet Screen diameter: 4 inches Type of screen:				
Screen slot size:, O_1Oinches Setting depth: From115feet to12-5feet				
Type of completion (circle all applicable)			n hole Natural Development	
	Other (describe):	MA		

Top of lap pipe or reduction in casing: _______ feet. If telescoped or more than one screen, describe on next page



Tho sk	etch	helow	only	require	ed for	water	wells
i ne sn	$cicn_{\perp}$	UCLUIV_	VIII	require		77 0000	***

	 al and damatha an akatah

If well telescopes, show depths on sketch. 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)
Cley dirt.	Ground Level	15_
Marie Touch	12	45
white sand white sand	45	60
white send	60	125
BANKE .		
		
	 	+
		
	 	
		
		

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

If more than one server, say
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well;
4) a north arrow.
S. S
house house
Holly Sovies d
Landowner Name: Jim Christian
Form: OLWR-SWR-1A (04/

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

Print Name of Responsible Licensee and License No.

Date

STATE WELL REPORT

Part 2 Desoto County: Pump Installer's Completion Report Permit #: Mississippi Department of Environmental Quality Office of Land and Water Resources Driller: Junes w. Nosan P.O. Box 2309 Jackson, MS 39225 Date completed: 5-31-11 (601)961-5210 (601)961-5228 (fax)

Copy information from block on Part 1

For Office Use Only:	
Aquifer:	
Well #:	
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 Location **Well Owner Information** Latitude: 34-47-224 Longitude: 89, 45.38) Owner Name: Jim Christian Mailing Address: 13145 Holly Springs 10 Method of Lat/Long (check one): Conventional Survey____, USGS quad_____, Hand-held GPS_____, Survey-grade GPS_____ Exalia My 38611
City State Zip Code NW 14 NW 14 Sec 32 T 35 R 5W Direction Nearest Town Distance 21/2 Miles SE of inglans mill Telephone No. (662) 838-6493

	Pump Typ 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):	NA		Horse Power Rating	g of Motor:3	14
Date Pump Installed	:5-31-	U	Setting Depth:	80	feet
Rated Pump Capacit	y: <u>()</u>	Gallons Per Minute	Number of Stages:	8	

Pump Test Data	Method of Measuring Water Level Circle one		
Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): 4 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify): String I weight		
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head: feet		
Test Pumping Rate: 10 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 44 hours	Well yielded GPM with a drawdown of hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
Jones W. Moson 0-620	Jan W. Man	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
	Form: OL	WR-SWR-1B (04/08)