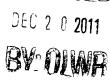
	1 State W	en Kebort	For Office Use Only:
County: Desato	Part 1 – <b>D</b>	riller's Log	Aquifer: M 301
Permit #:	Mississippi Department Office of Land an	of Environmental Quality d Water Resources	,
	P.O. Box 2309		Well #:
Driller: Janes W. Mason		MS 39225 61- 5210	L. S. Elevation:
Date drilling completed: 11-37-11		- 5228 (fax)	E-log #:
State Law requires that this repo	rt be prepared by the lice.	nse holder responsible for t	the work and filed with the
Department at the above address	s within 30 days of compl	etion of drilling of the well	or porenote.
Information on Well ( (Landowner if borehole is not f	-		rehole Location
		Latitude: 34 · 46 · 326	2" Longitude: 89 ° 44 , 537"
Owner Name Tomy Wallace	<u>e</u>	A A Method of Lat/Long (circle or	
Mailing Address: No oddress	Red Book 18		_
North west of CAN			GPS, Survey-grade GPS
		1565 14 Sec 32	Twn 35 Rng Sw
Byhalia M City Sta	38611 to 710 Code	SE SE	Nearest Town
		314 Miles $5E$	of ingroms Mill
Telephone No. (901) 626 - 3210	<b>6</b>		<b>,</b>
	Well / Boreh	ole Data	
Date drilling started: (1\-)7-11 Date dr			Hole diameter: (,3)v
Date drilling started: 11 37-11 Date dr	filling completed: 11 87-11	Hole depth:	Hole diameter: 8 / 1
Location of the source of any surface wat Method of dosing and volume of Chlorin	er used for drilling:	pment:	
Logs run (circle all applicable) No log ru Name of organization running log(s):			Other:
Purpose of borehole (check one): Water W	/ell <u> </u>	gical Investigation Ground	i Source Heat Pump
•	Survey Other (describe)		
If drilling is not related	ito water well construction	, skip the remainder of this bl	ock
Purpose of Well (check one): Home 🖊 l			
If a flowing well, method of flow regulation	on: Valve NA Ot	her (describe)	
Static Water Level:			
Method of Measurement (circle one) s			· _ ·
Well depth: 40 Well grouted to a de	epth of <u>(\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\text{test}}}}}} feet</u> Type	of grout (circle one): Neat Cem	ment Bentonite Mix
Casing length: 80 feet Casi	ng diameter:	_inches Type of casing:	puc
Screen length: 10 feet Screen	en diameter:	_inches Type of screen:	puc
Screen slot size: , O ( o inches	Setting depth: From	80feet to	70feet
Type of completion (circle all applicable):	Gravel packed Underro	eamed Telescoped Open	hole Natural Development
	Other (describe):	NA	
Top of lap pipe or reduction in casing:	feet. If tele	scoped or more than one scre	en, describe on next page
			Form: OLWR-SWR-1A (04/08
			KFI.FI
			- IEWAICH !

State Well Report



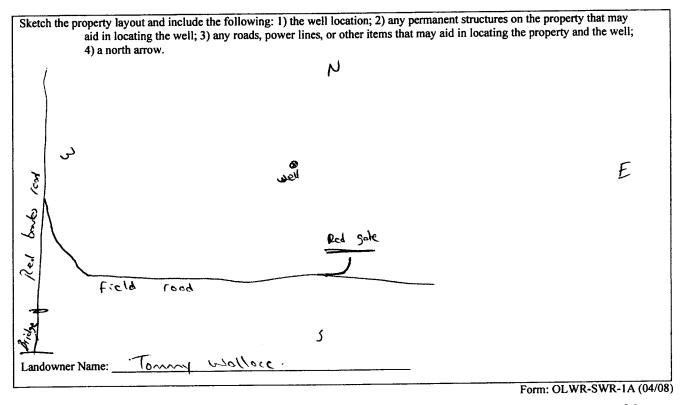
The sketch below only required for water well	The	sketch	below	only	required	for	water	wells
-----------------------------------------------	-----	--------	-------	------	----------	-----	-------	-------

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

If well telescopes, show depths on sketch.				
Ground Level				
	T			

Description of Formations Encountered	From (depth)	To (depth)
class dict	Ground Level	5
clay dist	5	90
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		+
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		<del> </del>
	<del> </del>	1
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		+
	<del> </del>	+
		<del> </del>
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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.

Print Name of Responsible Licensee and License No.

12-16-11 Date

Signature of Licensee

DEC 2 9 2011



## STATE WELL REPORT

## County: Descto Part 2 Permit #: Driller: James W. Moser Date completed: 11-37-11

Copy information from block on Part 1

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

For (	Office Use Only:
Aquifer:	
Well #:	M301
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: Tommy Wollece	Latitude: 32-46. 378 Longitude: 89. 44, 531			
Mailing Address: No address Red Bowls rd.	Method of Lat/Long (check one): Conventional Survey,			
north west of cond bridge	USGS quad, Hand-held GPS, Survey-grade GPS			
Byholia MS 38611 City State Zip Code	SW 1/ SE 1/4 Sec 32 T 35 R 5W			
Sinte Zip Code	Distance Direction Nearest Town			
Telephone No. (901) 626 - 3216	3/4 Miles SE of ingrams mill			
Pump Type Circle one	Power Type Circle one			
Air Lift Jet Submercible	Dioral Engine Consline Engine Netural Con-			

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):		<del></del>	Horse Power Rating	of Motor: 3/4	
Date Pump Installed:	11-27-11		Setting Depth:	40	_feet
Rated Pump Capacity:	(0	Gallons Per Minute	Number of Stages:	8	

Pump Test Data  Date Well Tested: 1(->7-1)	Method of Measuring Water Level Circle one		
Static Water Level (A): Feet Below Land Surface  Pumping Water Level (B): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape  Other (specify):   This   weight		
Drawdown [(B) – (A)]: Feet Below Land Surface  Test Pumping Rate: Gallons Per Minute  Duration of Pump Test (minimum 4 hours): hours	For flowing well, measured shut in head:		

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	REGENT
Tone, W. Mejon 0-630  Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	DEC 2 0 2011
	Form: OLM	ID CM/D 1D (04/00)