STAT	E WELL REPORT -		
County: Deseto	Part 1	For Office Use Only:	
Downit #	Driller's Log	Well #:	
Mississippi Dep	artment of Environmental Quality Land and Water Resources	Aquifer:	
January Landson Landso	P.O. Box 2309	E-Log #:	
Date drilling completed: 10-1-14 Ja	ckson, MS 39225-2309 (601)961-5210		
	(601)360-0535 (fax)		
State Law requires that this report be prepared by			
Department at the above address within 30 days of completion of drilling of the well or Well Owner Information Well or Boreho		nole Location	
(Landowner if borehole is not for a water well)		_ Longitude: <u>89°44′10.08 ಬ</u>	
Owner Name: Lorry Oay	_		
Mailing Address: 4185 Glynn Valley	Method of Lat/Long (check one)	,	
LOT # 35	USGS quad, Hand-held GP		
Brhalia Ms 3861	NE 14 NW 14, Sec_	28° T 35 R 500	
Byhalia MS 3861 City State Zip Code	13/4 Miles <u>SE</u> of (Distance)	ingrans mill	
Telephone No. (901) 351-8357	(Distance) (Direction)	(Nearest Town)	
F			
	/ Borehole Data	(2)	
Well Date drilling started: 10-1-14 Date drilling complet		Hole diameter: 63/4	
Date drilling started: 10-1-14 Date drilling complet	ed: 10-1-14 Hole depth: 125		
Date drilling started: 10-1-14 Date drilling complet	ed: 10-1-14 Hole depth: 125		
Date drilling started: 10-1-14 Date drilling complet	ed: 10-1-14 Hole depth: 125 illing: ~14 g and development: _Spp.	and greater	
Date drilling started: 10-1-14 Date drilling complet Location of the source of any surface water used for drilling the Method of dosing and volume of Chlorine used in drilling the complete that the complete the complete that the	ed: 10-1-14 Hole depth: 125 illing: ~14 g and development: _Spp.	and greater	
Date drilling started: Nolog run Electric G.	ed: 10-1-14 Hole depth: 125 illing: ~14 g and development: Spp. nmma Ray Density Sonic Neutron	and greater	
Date drilling started: Note: Date drilling complete Location of the source of any surface water used for drilling Method of dosing and volume of Chlorine used in drilling Logs run (circle all applicable): No log run Electric Grame of organization running log(s): Note: N	ed: 10-1-14 Hole depth: 125 illing: ~14 g and development: Spp. nmma Ray Density Sonic Neutron	and greater	
Date drilling started: Note: Date drilling complete Location of the source of any surface water used for drilling Method of dosing and volume of Chlorine used in drilling Logs run (circle all applicable): No log run Electric Grame of organization running log(s): Note: N	ed: 10-1-14 Hole depth: 125 illing: ~ 12- g and development: Spp. nmma Ray Density Sonic Neutron hnical/Geological Investigation Ger (describe) ~ 12- A 17- Hole depth: 125 Hole depth: 12	on Other:	
Date drilling started: Note: Date drilling complete Location of the source of any surface water used for drilling Method of dosing and volume of Chlorine used in drilling Logs run (circle all applicable): No log run Electric Gramman of organization running log(s): Note:	ed: 10-1-14 Hole depth: 125 illing: ~ 12- g and development: _ Spp nmma Ray Density Sonic Neutror hnical/Geological Investigation Ger (describe) _ 21- ll construction, skip the remainder of	on Other:	
Date drilling started: /\(\sigma \) - (\cdot \) Date drilling complete Location of the source of any surface water used for drilling Method of dosing and volume of Chlorine used in drilling Logs run (circle all applicable): No log run Electric Grame of organization running log(s): \(\sigma \) \(\lambda \) Horpose of borehole (circle one) Water Well \(\sigma \) Geotec Seismic Survey Other If drilling is not related to water we	ed: 10-1-14 Hole depth: 125 illing: ~ 12- g and development: Spp. imma Ray Density Sonic Neutron hnical/Geological Investigation Ger (describe) ~ 12- Il construction, skip the remainder of	on Other: bround Source Heat Pump of this block	
Date drilling started: Note 1 Date drilling complete Location of the source of any surface water used for drilling the Method of dosing and volume of Chlorine used in drilling Logs run (circle all applicable): No log run Electric Grame of organization running log(s): Note 1 December 1 December 1 December 1 December 2 December 2 December 2 December 2 December 2 December 3	ed: 10-1-14 Hole depth: 125 illing: 12-14 g and development: 5pp imma Ray Density Sonic Neutron hnical/Geological Investigation Ger (describe) 12-14 Il construction, skip the remainder of the construction of the construct	ord greater fround Source Heat Pump of this block ish Culture	
Date drilling started: /\(\sigma \cdot \cd	ed: 10-1-14 Hole depth: 125 illing: 12-15 g and development: 50000 mma Ray Density Sonic Neutron hnical/Geological Investigation Ger (describe) 2000 er (describe) 2000 Il construction, skip the remainder of the supply Irrigation Formula of the supply Irrigation Irrigat	ord greater of this block ish Culture	

Well depth: (25 Well grouted to a depth of: (O feet Type of grout (circle one): Neat Cement Bentonite Mix

If telescoped or more than one screen, describe on next page

Underreamed

Casing diameter: _____inches

Screen diameter: _____inches

NV feet

Casing length: 115 feet

Screen length: _____feet

Other (describe): NA

Screen slot size: __, O(0 ___inches

Top of lap pipe or reduction in casing: ___

Type of completion (circle all applicable): Gravel packed >

Form: OLWR-SWR-1A (4/13)

Type of casing:

Open hole

Type of screen: ______

Natural Development

County:DeSato			į.	or Office Use	Only:
The sketch below only requ	uired for water wells		mations encountered less specifically exem		
<i>If well telescopes, show de</i> Ground Level	pths on sketch.	Description of Form	nations Encountered	From (depth)	To (depth)
Ground Level		clay d	4: t	Ground level	15
		Rad so	•	15	90
		grave		1 90	40
				40	50
		Hinu	soud	.50	125
If more than one screen, show					
ketch the property layout and 1) the well location 2) any permanent structur 3) any roads, power lines, 4) north arrow	include the following: res on the property that may aid or other items that may aid in	d in locating the well locating the property	and the well		
<i>ل</i> ئ		المالية المالية	Hanse Uol	led view.	E
	ئى ج	Manur Maria Salaman Sa	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
_andowner Name:	accurate Dollars				
HEREBY CERTIFY that the	well/borehole was drilled, c ippi Department of Environn	constructed, and cor nental Quality and t	mpleted in accordan the Mississippi Depart	⊖⊖† ce with all appli tment of Health	3 7 ZU14 icable regulations,

10-29-13 Date

Trint Name of Responsible Licensee and License No.

Signature of Licensee
Form: OLWR-SWR-1A (4/13)

STATE WELL REPORT

County: __ Permit #:

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309

For Office Use Only:		
Well #:		
Aquifer:		

Date completed: 16 - 3 - 19		on, MS 39225-2309	Aquifer:	
Copy information from block on Part 1				
	(601) 360-0535 (fax)		
This part of the report must be completed of the report must be attached and both pa	by a licensed water arts filed with the D	well contractor or a licensed pun Department at the above address w	np installer. A copy of Part 1 ithin 30 days of well completion.	
Well Owner Information			ocation	
Owner Name: Lorry Day		Latitude: <u>^{34°}47′53.51 ಸ</u> Longitude: <u>&೧°44′10.48 ಟ</u>		
Mailing Address: 4185 Glynal	Valley	Method of Lat/Long (check one): Conventional Survey,		
LOT #35		USGS quad, Hand-held GPS, Survey-grade GPS		
Byhalia MS. City State		NE 14 NW 14, Sec_	<i>∂8</i> t <i>3s</i> r 5w	
Telephone No. (901) 351 ~ 835		$\frac{1314}{\text{(Distance)}}$ Miles $\frac{SE}{\text{(Direction)}}$ of	(Nearest Town)	
		pe (circle one)		
Submersible Turbine Air Lift Centrifug	-			
Date Pump Installed: 10-2-14	F	Rated Pump Capacity:t	Gallons Per Minute	
Is This Pump (circle one): New Repa				
	Power Ty	pe (circle one)		
Electric Diesel Gasoline Natural Gas				
Horse Power Rating of Motor:314	Setting Dept	h: <u>80</u> feet Number	of Stages: 6	
	Pump Test Data	for Non Flowing Well	_	
Date Well Tested: 10-2-14				
Static Water Level (A): 47 Feet E				
Drawdown [(B) - (A)]:/ (AFe	et Below Land Surf	face Test Pumping Rate:	Gallons Per Minute	
Method of measurement (circle one): Stee	el tape Electric ta	ape Air line Other (describe): _	string luneight	
	Pump Test Dat	ta for Flowing Well		
Measured shut in head: <u>ハ ゆ</u> feet.				
Well yielded (O GPM with a dra	wdown of	4feet_after_ <u>Ə</u> Y	hours of pumping	
Meter Installation				
Meter Manufacturer:/A		Meter Serial Number:	~ M	
Meter Model Number/Name:	UA	Type of Meter:	J A	
Totalizer Register Unit and Multiplier Fac	tor (AF x .001, gal	x 1000, etc):		
Installation Date: M	eter installed by:	NA	Risk of the second	
Is This Meter (circle one): New Repa	ired Replaceme	ent		
Important: By submitting the above info For agricultura	rmation you are ce l wells, a list of app	ertifying that this meter was instal proved meters is on the MDEQ we	led to manufacturer standards. ebsite.	
I HEREBY CERTIFY that the above stateme	ents are true to th	e best of my knowledge.	1	
T M		MADDALL COM	w.Maz	

1	I HEREBY CERTIFY that the above statements are true to the	best of my know	vledge.	
	Janes W. Moson 0.620	16-27-14.	Gows W. Mar	
	Print Name of Pump Installer and License No. (if applicable)		Signature of Pump Installer	

Form: OLWR-SWR-1B (4/13)