۱۸ · · ·	¬ STATE WELL REPORT	284
County: Desoto	Part 1	For Office Use Only:
Permit #: 0-163	Driller's Log	Well #: MA63
Driller: Larry Corporter	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
Date drilling completed: 1-22-19	P.O. Box 2309 Jackson, MS 39225-2309	E-Log #:
	(601)961-5210	
	(601)360-0535 (fax)	
State Law requires that this repor Department at the above address	t be prepared by the license holder responsible for t within 30 days of completion of drilling of the well of	he work and filed with the
Well Owner Informa	tion Well or Bore	hole Location
(Landowner if borehole is not for $V \sim A $	I stand SI VIIII 7	igitude 19 807 535
Owner Name: <u>Reith Wi</u>	nation hand and and a	
Mailing Address: 1070/ Ba	A Conneck	χ
		PS, Survey-grade GPS
Bypalia MS		11 T <u>35</u> RGW
City() State	Zip Code <u>3</u> Miles <u>E</u> o	Lewisburg
Telephone No. (663) 286-1	732 (Distance) (Direction)	(Nearest Town)
	ine used in drilling and development:	
	ine used in drilling and development: Sele Child run Electric Gamma Ray Density Sonic Neutro	
Logs run (circle all applicable): No log	run Electric Gamma Ray Density Sonic Neutro	
Logs run (circle all applicable): No log Name of organization running log(s): Purpose of borehole (circle one) Wate	run Electric Gamma Ray Density Sonic Neutro	n Other:
Logs run (circle all applicable): No log Name of organization running log(s): Purpose of borehole (circle one) Wate Seisr	run Electric Gamma Ray Density Sonic Neutro	n Other: Ground Source Heat Pump of this block
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Form: OLWR-SWR-1A (4/13)

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STATE W	ELL REPORT			
County: Desoto	For Office Use Only:			
	er's Completion Report nent of Environmental Quality			
Driller: <u>Arry Calpenle</u> Office of La	nd and Water Resources	Well #: <u>M462</u>		
	.O. Box 2309 n, MS 39225-2309	Aquifer:		
	501)961-5210	Aquiter		
(601) 360-0535 (fax)			
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D				
Well Owner Information	Well Lo			
Owner Name Leith Windfor Homes	Latitude 34 34117 Longitude 89 507 535			
Mailing Address: 10701 Boy Conner Rd	Method of Lat/Long (check one)			
	USGS quad, Hand-held GF			
Bytalia MS 386/1 City State Zip Code	<u>SE 14 NW 14, Sec</u>	- · · ·		
Telephone No. (663) _386-1733	$\underline{3}_{(Distance)}$ Miles $\underline{E}_{(Direction)}$ of	(Nearest Town)		
Pump Tvr	oe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	. ,	scribe):		
Date Pump Installed:2 3-19 F				
Is This Pump (circle one): New Repaired Replacemen				
	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Win	1			
Horse Power Rating of Motor: Setting Dept	h:feet Number	of Stages:		
Date Well Tested:	for Non Flowing Well Duration of Pump Test (minime	um 4 hours):hours		
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B):	30 Feet Below Land Surface		
Drawdown [(B) - (A)]:Feet Below Land Surf	ace Test Pumping Rate:	Gallons Per Minute		
Method of measurement (circle one) Steel tape Electric ta				
	ta for Flowing Well			
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet_after			
	Installation	MAR 0 8 2013		
Meter Manufacturer:				
Meter Model Number/Name:				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal Installation Date: Meter installed by:				
Is This Meter (circle one): New Repaired Replaceme				
Important: By submitting the above information you are conformation for agricultural wells, a list of approximation and the submitting the above information for agricultural wells, a list of approximation and the submitting the sub	ertifying that this meter was instal	led to manufacturer standards. Ebsite.		
I HEREBY CERTIFY that the above statements are true to th	e best of my knowledge.			
Darry Carpenter # 0162 Print Name of Pump Installer and License No. (if applicable)	- 0			
	-	Form: OLWR-SWR-1B (4/13)		

County: <u>Reseto</u>		Fo	r Office Us	e Only:
Permit #: 0-162	Well #: <u>M462</u>			
The sketch below only required for water wells	Description of formations an			
If well telescopes, show depths on sketch.	Description of formations en and boreholes, unless specifi	ically exen	must be provid pted by regula	<u>ted for all wel</u> tions
Ground Level	Description of Formations Enco	untered	From (depth)	To (depth)
K	01.0	·/	Ground level	
	Simple ou	/		15
	Red Sam		15	35
	In/hits line	2.0	.25	65
		Z		3
	- Clay Uh	tv	25	bd_
	Whitz Com	u	62.	83
	Jom		+	<u> </u>
	Mart			
	· · · · · · · · · · · · · · · · · · ·			
If more than one screen, show location of each on sketch			<u> </u>	<u> </u>
setch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may a 3) any roads, power lines, or other items that may aid ir 4) north arrow Stone Wai/R1 4 Hay 309	s locating the property and the well		REC REC BY	RJ EIVEE
ndowrer Name: Keith Winchem Ho	mer.		•	
IEREBY CERTIFY that the well/borehole was drilled, quirements of the Mississippi Department of Environr applicable, and state laws.	nental Quality and the Mississip	pi Departn	nent of Health	cable regulations,
Licenny Carpenter #0162 int Name of Responsible Licensee and License No.	17:19 Page	- Cir	nenter	

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

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