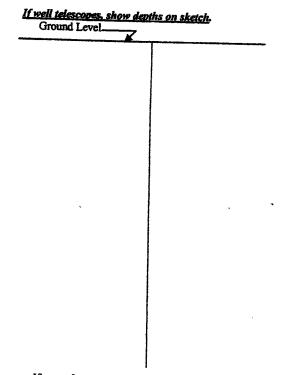
STA	TE WELL REPORT			
County: Franklur	Part 1	For Office Use Only:		
Dermit #	Driller's Log	Well #: <u>E54</u>		
mississippi D	epartment of Environmental Quality of Land and Water Resources	Aquifer:		
5-1-111	P.O. Box 2309	E-Log #:		
	Jackson, MS 39225-2309 (601)961-5210			
	(601)360-0535 (fax)			
State Law requires that this report be prepared b Department at the above address within 30 days				
Well Owner Information		hole Location		
(Landowner if borehole is not for a water well) $k = \frac{1}{2} \int $	Latitude: 31° 35 36.9 Lon	gitude: <u><u>90°40′2.4</u>″</u>		
Owner Name: <u>Kelsey South</u> , Mailing Address: <u>Choctan</u> Ad	31 Method of Lat/Long (check one)			
Mailing Address: <u>Choc taw Nd</u>	USGS quad, Hand-held Gi			
mill lank mi				
City State Zip Co	State 7io Codo			
Telephone No. ()	(Distance) (Direction)	(Nearest Town)		
	· · · · · · · · · · · · · · · · · · ·			
Location of the source of any surface water used for drilling:				
Logs run (circle all applicable): No log run Electric	Gamma Ray Density Sonic Neutro	n Other:		
Name of organization running log(s):				
Purpose of borehole (circle one): Water Well Geot	echnical/Geological Investigation	Ground Source Heat Pump		
Seismic Survey O	ther (describe)			
If drilling is not related to water w	vell construction, skip the remainder	of this block		
Purpose of Well (circle all applicable), Home Indus	trial Public Supply Irrigation F	ïsh Culture		
Other (describe):	······································	·		
If a flowing well, method of flow regulation: Valve _	· · · · · · · · · · · · · · · · · · ·			
Static Water Level: 54^{\prime} feet [above or below] land surface Date measured: $5-3-14^{\prime}$ (circle one)				
Method of measurement (circle one): Steel tape Electronic	ctric tape Air line Other (<i>describe</i>):			
Well depth: 76^{-1} Well grouted to a depth of: 10^{-1}				
Casing length: 50^{-1} feet Casing diameter:				
Screen length: <u>20</u> feet Screen diamete				
Screen slot size: <u>.010</u> inches Setting depth: From <u>.50</u> feet to <u>.70</u>				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing:f				
If telescoped or more the	han one screen, describe on next page	e e e e e e e e e e e e e e e e e e e		

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Form: OI WR-SWR-14 (4/13)

The sketch below only required for water wells

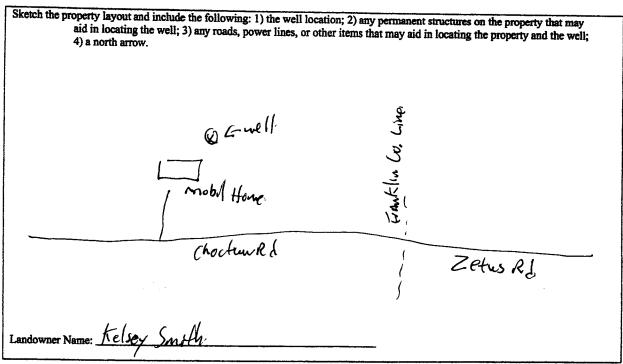


Description of formations encountere wells and boreholes, unless specifical	ed must be provided for all iv exempted by regulations	
Description of Formations Encountered	From (depth) To (depth	1)
	Ground Level	<u> </u>
Clini		-

Description

	Ground Level	
Clar, Sunt Course Sant Grans	\mathcal{O}	20
Sand	20	42 60 To
Course Sand	40	60
SIAMO!	6.5	10

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



Form: OLWR-SWR-1A (04/08)

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

5-6-14

Date

laws. SVAd Atzand 024

Print Name of Responsible Licensee and License No.

Signature of Licensee

STATE W	ELL REPORT					
County: Itan Elm-	Part 2	For Office Use Only:				
	r's Completion Report					
	nent of Environmental Quality nd and Water Resources	Well #: <u>E54</u>				
Date completed: $5 - 3 - 14$.O. Box 2309	Aquifer:				
Copy information from block on Part 1 (6	n, MS 39225-2309 01)961-5210	Aquilei.				
(601) 360-0535 (fax) 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 complet Well Owner Information Well Location						
Owner Name: Kelsey Smithi		gitude: <u>60° 40´ 2,4</u> *				
Mailing Address: Choctum Rd	Method of Lat/Long (check one)					
	USGS quad, Hand-held GI					
Myall (reek MS City State Zip Code		$\frac{11}{7N} R 5E$				
City State Zip Code	Miles of (Distance) (Direction)					
	e (circle one)					
Submersible Turbine Air Lift Centrifugal Flowing Well						
Date Pump Installed: <u>5-3-14</u> R		Gallons Per Minute				
Is This Pump (circle one): (New Repaired Replacemen						
	e (circle one)					
Electric Diesel Gasoline Natural Gas Tractor PTO Wind Horse Power Rating of Motor: $\frac{1/2}{2}$ Setting Dept						
		or stages:				
	or Non Flowing Well					
Date Well Tested:	Duration of Pump Test (minimu	Im 4 hours): hours				
Static Water Level (A): Feet Below Land Surface	Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface					
Drawdown [(B) - (A)]:Feet Below Land Surfa	ice Test Pumping Rate:	Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric ta						
	a for Flowing Well					
Measured shut in head:feet.						
Well yieldedGPM with a drawdown of	feet_afterI	nours of pumping				
Meter Ir	stallation					
Meter Manufacturer:	Meter Serial Number:	······································				
Meter Model Number/Name:	Type of Meter:					
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):						
Installation Date: Meter installed by:						
Is This Meter (circle one): New Repaired Replacemer	Is This Meter (circle one): New Repaired Replacement					
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.						
BiAd Etcury 1 (92.9. Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Bignature of Pump Installer						
		Form: OLWR-SWR-1B (4/13)				