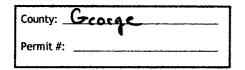
	STATE V	VELL REPORT	
Country George	STATE V	Part 1	For Office Use Only:
County: George	Dr	iller's Log	Well #: <u>C173</u>
Permit #:	Mississippi Departm	ent of Environmental Quality	
Driller: Michaels, Havard		d and Water Resources D. Box 2309	
Date drilling completed: 9-19-2014	Jacksor	, MS 39225-2309	E-Log #;
*****	•	01)961-5210 360-0535 (fax)	
State Law requires that this report	· · ·		the work and filed with the
Department at the above address w			
Well Owner Informati		Well or Borehole Location	
(Landowner if borehole is not for		Latitude: <u>30 ໍ 56 ່ 43.0 3 N</u> Longitude: <u>88 ໍ 3 2 ່ 40.8 ເມ</u> Method of Lat/Long ( <i>check one</i> ): Conventional Survey,	
Owner Name: Dusty Tano			
Mailing Address: 9291 Huny 9	X East_		
		-	GPS, Survey-grade GPS
Lucidale MS	39452	NW 14 52 14, Sec.	23 TITS R REFLEC
City State	Zip Code	2 Milor ALS	of Lucedale
Telephone No. (601) 673-019	5	(Distance) (Direction)	(Nearest Town)
Location of the source of any surface w Method of dosing and volume of Chlorin Logs run ( <i>circle all applicable</i> ): No log run Name of organization running log(s):	e used in drilling and	d development: Ray Density Sonic Neutr	
Purpose of borehole (circle one): Water	Weld Geotechnica	al/Geological Investigation	Ground Source Heat Pump
Seism	c Survey Other (d	escribe)	
If drilling is not rela	ted to water well con	struction, skip the remainde	er of this block
Purpose of Well (circle all applicable)		and the second	Fish Culture
Other (describe):	·····		
If a flowing well, method of flow regula	ation: Valve	Other (describe)	
Static Water Level:feet	[above or below] (circle one)	land surface Date measure	ed: 9-19-2014
Method of measurement (circle one):	Electric ta	pe Air line Other (describe	):
Well depth: 149 Well grouted to a	depth of: 12' fe	et Type of grout (circle one)	: Neat Cement Bentonite Mix
Casing length: 139' feet Ca	sing diameter:	<b><u>4</u></b> inches Type of	casing: PVC S40 BE
Screen length:feet S	creen diameter:	4" inches Type of	fscreen: WOP PUL
Screen slot size:OOB <sup>**</sup> _inches	Setting depth:	From <u>139</u> feet t	to <u>149'</u> feet
Type of completion (circle all applicable	e): Gravel packet	Underreamed Open hole	Natural Development
Other (describe):	4		n en
Top of lap pipe or reduction in casing:	feet		
		e screen, describe on next p	<b>196</b>

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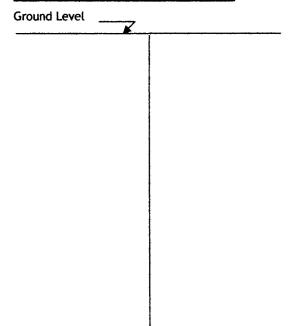
• ;



	For	Offic	e Use	Only:
Weli	#:	C	173	

The sketch below only required for water wells

If well telescopes, show depths on sketch.



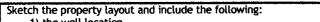
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Topsand	Ground level	4'
Slate	4'	10'
Sand	10'	18'
Clau	18'	21'
Sand	21'	58,
Clay	38,	32'
Sand	32.	761
Clay	76'	१५।
Sand	94.	98'
Clay	98'	120'
Sand (Give 12 med)	120'	128'
Sand (med = coarse)	138,	1491

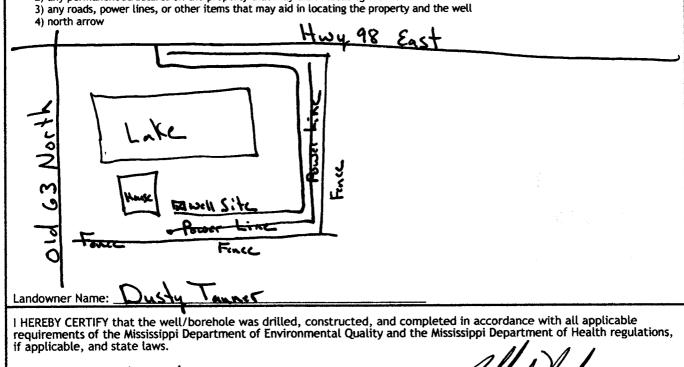
Signature of Licensee

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

Michael S. Havard 0-693 Print Name of Responsible Licensee and License No.



- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well



<u>9-29-2014</u> Date

STATE W	ELL REPORT			
County: <u>George</u> Permit #: <u>Pump Installe</u> Mississippi Departm Driller: <u>Michael S. Havard</u> Date completed: <u>9-23-2014</u> <u>Copy information from block on Part 1</u> <u>Got (601)</u>	For Office Use Only: Well #: <u>C173</u> Aquifer:			
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 Location			
Owner Name: Dusty Tanner	Latitude: N30°56'43.03 Longitude: W88°3 2 40.81"			
Mailing Address: 9291 Hwy 98 East	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GI			
Lucedale Ms 39451 City State Zip Code	NW 14 3 2 14, Sec <sup>2</sup>	63 T TIS R Roud		
City     State     Zip Code       Telephone No. (LOL)     L73-0195	<u>Alles</u> <u>NE</u> of <u>(Distance)</u>	(Nearest Town)		
Pump Typ	e (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	•	scribe):		
Date Pump Installed: 9-23-2014 R	lated Pump Capacity:	Gallons Per Minute		
Is This Pump (circle one): New Repaired Replacemen	nt			
Power Ty	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	_			
Horse Power Rating of Motor: 1.5 Setting Dept	h: 123 feet Number	of Stages:		
Pump Test Data Date Well Tested: 9-19-2014	for Non Flowing Well Duration of Pump Test (minim	um 4 hours): <u>4.5</u> hours		
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B):	<b>75</b> _Feet Below Land Surface		
Drawdown [(B) - (A)]:Feet Below Land Surf	ace Test Pumping Rate:	25Gallons Per Minute		
Method of measurement (circle one): Steel tape Electric ta	pe Air line Other (describe): _			
Pump Test Dat	ta for Flowing Well			
Measured shut in head:feet.				
Well yielded GPM with a drawdown of	feet_after	hours of pumping		
Meter I	Installation			
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 Replaceme	ent			
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.				
I HEREBY CERTIFY that the above statements are true to the	1	lloy		
Michael S. Havard O-673 Print Name of Pump Installer and License No. ( <i>if applicable</i> ) Date Date Signature of Pump Installer				

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