· · · · · · · · · · · · · · · · · · ·	State W	ell Report			
County: Holmes	Part 1 – 1	Driller's Log	For Office Use Only:		
· · ·	Mississippi Departme	nt of Environmental Quality	Aquifer: <u>59/</u>		
Permit #:		nd Water Resources	Well #:		
Driller: Willie Bryant	P.O. Box 2309 Jackson, MS 39225				
Date drilling completed: 2-3-13	(601)	961-5210	L. S. Elevation:		
	(601)96	1- 5228 (fax)	E-log #:		
State Law requires that this repor	t be prepared by the lic	ense holder responsible for a	the work and filed with the		
Department at the above address	within 30 days of com	pletion of drilling of the well	or borehole.		
Information on Well C (Landowner if borehole is not fo			rehole Location 25 W		
Owner Name Calvin He	^ ´	1 41	" Longitude: 090 ° / 6 ' 42 "		
Mailing Address: 3835 Epp	S Rol	Method of Lat/Long (circle or	ne): Conventional Survey,		
	<u> </u>		GPS, Survey-grade GPS		
<u>Tchula</u> M. City Stat	5 39/69	<u>\$ = 1/2 ~ 1/4 Sec_2</u>	Twn <u>LSN</u> Rng <u>IW</u>		
	•	Distance Direction	Nearest Town		
Telephone No. (602 528-65	321	9380			
	Well / Borg	hole Data	my 11 k		
Date drilling started: 2-3-13 Date dri	lling completed: 2-3-1	3 Hole depth: 100	Hole diameter: 62		
Location of the source of any surface wate Method of dosing and volume of Chlorine	r used for drilling:	Nearly ditch	e.		
Logs run (circle all applicable): No log run Name of organization running log(s):					
Purpose of borehole (check one): Water W	ell Geotechnical/Geol	ogical Investigation Ground	I Source Heat Pump		
Seismic S	Survey Other ( <i>describe</i>	)			
If drilling is not related	<u>to water_well constructio</u>	n, skip the remainder of this bl	ock		
Purpose of Well (check one): Home Ir			Other:		
If a flowing well, method of flow regulation	n: Valve O	ther (describe)			
Static Water Level: 18feet ab	ove or below (circle one)				
- · ·	el tape electric tape		ic water level meter		
Well depth: $100$ Well grouted to a dep					
Casing length: <u><b>SD</b></u> feet Casin	g diameter:	inches Type of casing:	PVC 160		
Screen length: <u>20</u> feet Scree	n diameter:	inches Type of screen:	NC Slotted		
Screen slot size: 0/6 inches	$\sim$	-	<u>Q                                    </u>		
Type of completion (circle all applicable): (	Gravel packed Under	rearned Telescoped Open	hole Natural Development		
Other (describe):					
Top of lap pipe or reduction in casing:	feet. If tel	escoped or more than one scree	en, describe on next page		
		······································	Form: OLWR-SWR-1A (04/08)		

9

۴

•

¥

· · ·

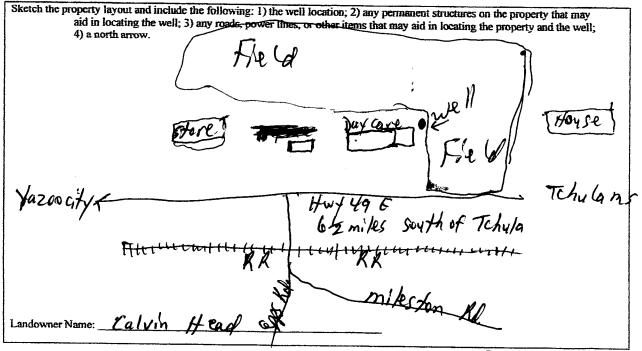
RECEIVED MAR 0 4 2013 BY: OLWR

Description of formations encountered must be provided for all

## The sketch below only required for water wells

	wells and boreholes, unless specifically exempted by regulations					
If well telescopes, show depths on sketch.						
Ground Level		From (depth)	To (depth)			
	Clar	Ground Level	15			
	little clay of Med and	15	20			
	mostly course sand, 18thelby	20	40			
	course sand	40	60			
	Gioar & Sand	60	78			
	Word	78	80			
	gravel	80	100			
	<u></u>					
			1			
Í						
			1			
			+			
			1			
			+			
		<u> </u>	_1			

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 laws.

Willie L. Bryant 0-639 2-4-13 Wills L. Bryant Print Name of Responsible Licensee and License No. Date Signature of Licensee

MAR 04 2013

RECEIVED

BY

				591
County: <u>Holmes</u> Permit #: Driller: Willie Bryant	STATE WELL REPORT Part 2 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 Aquifer: Well #:	
Date completed: 2-3-13 Cupy information from block on Part 1			Elevation:	
This part of the report must be completed by report must be attached and both parts file.	y a licensed water well o I with the Department a	contractor or a licensed p t the above address withi	n 30 days of well completion	Ti 1 OJ INE
Well Owner Information Owner Name: <u>Calvin</u> Head Mailing Address: <u>3835</u> Epps Rd.		Method of Lat/Long (cl	Well Location Longitude: 0.90' heck one): Conventional Sur	vey,
Tchula MS City State Telephone No. <u>(662528-682/</u>		Distance Direct	d-held GPS $\mathcal{L}$ , Survey-grad Sec_26 T $15N$ R stion Nearest Tow of TCAUG, N Hwy 49 E	IW
Pump Type Circle one	<u> </u>		Power Type Circle one	
Air Lift Jet Bucket Piston	Turbine	Diesel Engine		atural Gas actor PTO
Centrifugal Rotary	Flowing Well		Other (specify):	
Other (specify):	-		F Motor:	
Date Pump Installed: 2-3-13			60' feet	
Rated Pump Capacity: 35	Gallons Per Minute	Number of Stages:	14	
Date Well Tested: <u>2 - 20 - 73</u> Static Water Level (A): <u>78</u> Feet Pumping Water Level (B): <u>26</u> Feet		Air Line Elect	d of Measuring Water Leve Circle one ric Measuring Line St N'C WCT & RWT	eel Tape
2	Below Land Surface	For flowing well, mea	sured shut in head:	feet
	Gallons Per Minute	Well yielded	GPM with a draw	down of
Duration of Pump Test (minimum 4 hours):	- <u>4</u> hours	fce	t after hours	of pumping
This is for (circle one): New Well I HEREBY CERTIFY that the above states		of my knowledge.	pair of Existing Pump	
Will'e L. Bryant Print Name of Pump Installer and License	0-639 No. (if applicable)	<u>N/illio</u> Signature of	Pump installer Form: OLWR-S	WRRECE
				RECE
				MAR 04

. . . . •

r

0 4 2013

BY: OLWR