County: <u>Holmes</u> Permit #: <u>GW-47115</u> Driller: <u>Wi/Ji'P. L. Bryant</u> Date drilling completed: <u>4-21-13</u>	STATE WELL REPORT Part 1 Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax)	For Office-Use Only: Well #: Aquifer: E-Log #:
State Law requires that this report I Department at the above address wi	be prepared by the license holder responsible for t thin 30 days of completion of drilling of the well	he work and filed with the or borehole.
Well Owner Information (Landowner if borehole is not for a final state)	on Well or Bore	ngitude: 090 18,24 W

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Owner Name: Eddie Carthan	10 26 18 24
Mailing Address: P.O. Bax 29	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Tchula MC 39/69	<u>NE 4 SW 4, sec 9 TISN R/W</u>
City State Zip Code	7 Miles SW of Tchula, ms
Telephone No. (1912) 458-0983	(Distance) South (Direction) Kd. (Nearest Town)
Well / B	orehole Data
Date drilling started: <u>4-22-13</u> Date drilling completed:	4-21-13 Hole depth: Hole diameter: $20''$
Location of the source of any surface water used for drilling	ns: Nearby ditch
Method of dosing and volume of Chlorine used in drilling a	nd development:
Logs run (circle all applicable): No log run Electric Gamm	na Ray Density Sonic Neutron Other:
Name of organization running log(s):	·
Purpose of borehole (circle one): Water Well Geotechni	cal/Geological Investigation Ground Source Heat Pump
Seismic Survey Other	(describe)
If drilling is not related to water well c	onstruction, skip the remainder of this block
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level:feet [above_or [below (circle one)	Defined surface Date measured: $5 - 5 - 13$
Method of measurement (circle one): Steel tape Electric	tape Air line Other ( <i>describe</i> ):
Well depth: <u>// 7</u> Well grouted to a depth of: <u>/0</u>	feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length:	<u><math>10</math></u> inches Type of casing: <u><math>PVC</math></u>
- · ·	
Screen slot size: <u></u>	From 77 feet to 1/7 RECEIVED
Type of completion (circle all applicable): Gravel packed	
Other (describe):	<u> </u>
Top of lap pipe or reduction in casing:feet	BY: OLVP
If telescoped or more than	one screen, describe on next page

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

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County: Permit #: GW - 4711.5

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in locating the well 3) any roads, power lines, or other items that may aid in locating the property and the well +Yazoo City

I HEREBY 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.

BY Stray

Sel Zon

A14

Willie L. Br Jan + 0-639 Print Name of Responsible Licensee and License No. Wills 7 13 Date Signature of Licensee Form: OLWR-SWR-1A (4/13)

For Office Use Only: Well #: <u>19</u>4

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)
Clay	Ground level	20
clav.	20	40
clay I Med. Sand	40	60'
coarse sand	60	<u>g</u> o
coarse gravel	80	100
grave/	100	117
		-
		·
		·

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

Eddie

(a)

4) north arrow

16

 $\nu$ 

G'wood

Landowner Name:

E NALMADC	STATE W	ELL REPORT		
County: Holmes	Part 2		For Office Use Only:	
Permit #: <u>GW-47113</u>		er's Completion Report nent of Environmental Quality	Well #:	
Driller: Willie L. Bryant		nd and Water Resources	weil #:	
Date completed: $5 - 5 - 13$	P.O. Box 2309 Jackson, MS 39225-2309		Aquifer:	
Copy information from block on Part 1	(	601)961-5210		
	<b>(601</b>	) 360-0535 (fax)		
This part of the report must be complete	ed by a licensed water	r well contractor or a licensed pur	np installer. A copy of Part 1	
of the report must be attached and both Well Owner Informat		· Well L	ocation	
Owner Name: Eddie (ar)	than	Latitude: 33° 10, 26 Lon	gitude: 090 18.24 W	
Mailing Address: <u>P. C. Box</u> 2	.9			
mailing Address: <u>Jevi Dux</u> -		Method of Lat/Long (check one		
The sale	79110	USGS quad, Hand-held G		
TChula MS City State	<u>5 //07</u> Zip Code	<u>NE ¼ SW ¼, Sec</u>	7 T 13/V R IW	
Telephone No. (612) 458-092	73	(Distance) Source SW or (Distance)	t 10/14/9 . 195	
	• •	pe (circle one)		
Submersible Turbine Air Lift Centri				
Date Pump Installed: 5-5-13	. <u></u> I	Rated Pump Capacity:	Gallons Per Minu	
Is This Pump (circle one): New Re				
	Power Ty	pe (circle one)		
Electric Diesel Gasoline Natural Gas	s Tractor PTO Wir	ndmill Other ( <i>describe</i> ):		
Electric Diesel Gasoline Natural Gas Horse Power Rating of Motor: <u>15</u>		_		
	Setting Dep	th: <u><u><u>80</u></u> feet Number</u>		
Horse Power Rating of Motor: <u>15</u>	Setting Dep Pump Test Data	th: <u><u><u>80</u></u>feet Number</u> for Non Flowing Well	of Stages:	
Horse Power Rating of Motor:	Setting Dep Pump Test Data	th: <u><u>80</u> <u>feet</u> Number for Non Flowing Well Duration of Pump Test (<i>minin</i></u>	of Stages:hou	
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