STATE WELL REPORT	For Office Use Only:
Part I	For Once Use Only.
Driller's Log	Well #: <u>46</u>
Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
P.O. Box 2309	E-Log #:
	and the second
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	Part 1 Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location		
	Latitude: 33° 06.56° Longitude: 090° /6, 14 W		
Owner Name: <u>ROY L Brown</u>	33 06~3A 90-16-08 Method of Lat/Long (check one): Conventional Survey,		
Mailing Address: 2702 Mileston Kd.			
	USGS quad, Hand-held GPS, Survey-grade GPS		
Tchyla ms 39/69 City State Zip Code	NE 14 NW 14, Sec 35 T 15 N R I W		
1 -	5_Miles_N_of_Tchylg		
Telephone No. (462) 571-1048	(Distance) (Direction) (Nearest Town)		
Well / B	orehole Data		
Date drilling started: $\frac{7-14+3}{2}$ Date drilling completed:	<u>7-14-13</u> Hole depth: 12.0 Hole diameter: 12.3		
	ng: <u>Used Nearby Water Hydrant</u>		
Method of dosing and volume of Chlorine used in drilling a	nd development:′ <u>0</u>		
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:			
Name of organization running log(s):	• • • • • • • • • • • • • • • • • • •		
Purpose of borehole (circle one) Water Well Geotechni	Purpose of borehole (circle one): Water Well Geotechnical/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)	a) land surface Date measured: $7 - 21 - 13$		
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe): Sonic where level Kead		
Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: <u><u>g</u>@feet Casing diameter: <u>inches</u> Type of casing: <u><u></u><u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u>			
Screen length: <u>40</u> feet Screen diameter: <u>6</u> inches Type of screen: <u>KVC Slotted</u>			
Screen slot size: <u>032</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet			
Type of completion (circle all applicable): Gravel packed) Underreamed Open hole Natura Development (ED		
Other (describe):			
Top of lap pipe or reduction in casing:	AUS 1 9 2013		
If telescoped or more than	one screen, describe on next page DV. OIWR		

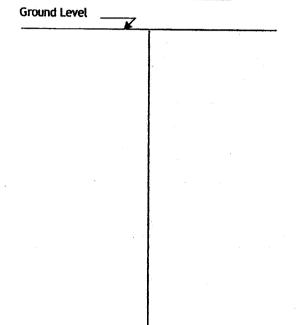
FORM: DLWR-SWR-1A (4/13)

County:	Holmes	
Permit #: _	6W-46878	_

-	For	Office	Use	Only:
Yell	#:	J96		

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)
Top Soil	Ground level	20
Clay & fine sand	20	60
Coarge sand	60	120
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· · ·		

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

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

4) north arrow

Therfor Huy 49 Tchyla
Hand Hand Hand King with the start lines
andowner Name: <u>Koy L. Brown</u>
HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable equirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, applicable, and state laws.
Nillie L. Bryant 0-639 7-24-13 Willie Z. Byon A int Name of Responsible Licensee and License No. Date Signature of Licensee

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

• 6		
STATE W	ELL REPORT	
County: Holmes	Part 2	For Office Has Only
Permit # 6W-46878 Pump Installer	r's Completion Report	For Office Use Only:
Mississippi Departm	ent of Environmental Quality d and Water Resources	Well #: <u></u>
Date completed: $7 - 21 - 13$ P.	O. Box 2309	
Jackso	n, MS 39225-2309 01)961-5210	Aquifer:
· · · · · · · · · · · · · · · · · · ·	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 contractor or a licensed pun	np installer. A copy of Part 1
Well Owner Information	· Well L	cation
Owner Name: Kox L. Brown	Latitude: 33 06,56 N Lon	situde: 090° /6,14 W
Owner Name: Kox L. Brown Mailing Address: 2702 Mileston Rd.	Method of Lat/Long (check one)	
	USGS quad, Hand-held G	
Tchyla MS 39/69 City State Zip Code	NE 14 NW 14, Sec	
Telephone No. (1012) 571-1048	(Distance) (Direction)	(Nearest Town)
Ритр Тур	e (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (de:	scribe):
Date Pump Installed: <u>7-21-13</u> R	ated Pump Capacity:/	Gallons Per Minute
Is This Pump (circle one): (New) Repaired Replacemen	t	
Power Typ	e (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	Imill Other (describe):	
Horse Power Rating of Motor: <u>/0</u> Setting Dept	h: <u>\$0</u> feet Number	of Stages:
Pump Test Data	for Non Flowing Well	
Date Well Tested: <u>7-28-13</u>	Duration of Pump Test (minim	um 4 hours): hours
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B): _	35 Feet Below Land Surface
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:Goldons Per Minute		
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):		
Pump Test Dat	a for Flowing Well	
Measured shut in head:feet.		
Well yielded $/60$ GPM with a drawdown of $/1$	<u>feet_after</u>	hours of pumping
Meter (nstallation	and a second
Meter Manufacturer:	Meter Serial Number:	
Meter Model Number/Name:	Type of Meter:	<u>HECEIVH</u> D
Totalizer Register Unit and Multiplier Factor (AF x .001, gal	x 1000, etc):	<u></u>
Installation Date: Meter installed by:		
Is This Meter (cirete one): New Repaired Replacement BY: OLMP		
Important: By submitting the above information you are ce For agricultural wells, a list of app	rtifying that this meter was insta proved meters is on the MDEQ w	lled to manufacturer standards. ebsite.
I HEREBY CERTIFY that the above statements are true to the	e best of my knowledge.	
Willie L. Bryant 0-639 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer		
	3.	Form: OI WP-SWP-1B (4/12)

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