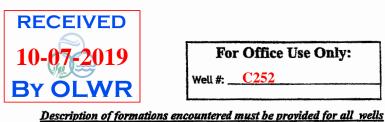
STATE WELL REPORT				
Sand	_	Part 1	For Office Use Only:	
County: <u>Sone</u>		riller's Log nent of Environmental Qual i ty	Well #: <u>C252</u>	
Permit #:	Office of Land and Water Resources P.O. Box 2309		Aquifer:	1
Driller: DavidWest		on, MS 39225-2309	E-Log #:	
Date drilling completed: 10-2-2019	-	601)961-5555 1)961-5228 (fax)	<u> </u>	
Ctata I am a series that this are set			,	10-07-2019
State Law requires that this report Department at the above address v				BY OLWR
Well Owner Informat			ehole Location -	
(Landowner if borehole is not for Owner Name: Lany Tolbert		Latitude: 31, 986264 Lor	ngitude: <u>-\$9,089189</u>	un in
			e): Conventional Survey	
Mailing Address: 497 Sharon	III OSS VAX	USGS guad, Hand-held G	SPS Survey-grade GPS	- 1
I I MG	20	- A W 5 K 14, Sec		
Lausel MS City State	39443 Zip Code		·	-
Telephone No. (40) 580-89	· · ·	(Distance) (Direction)	(Nearest Town)	
]
م المحركما	Well / I	Borehole Data	· · · · · · · · · · · · · · · · · · ·	
Date drilling started: 10-2-209 Dat			Hole diameter: O_O	-
Location of the source of any surface			-00 A	
Method of dostre and volume of Chlor				
Logs run (check a. plicable): 🕅 log	run Electric Gam	ma RayDensity_Sonic_Neut	ron Other:	
Name of organization ming log(s):				
Purpose of borehole (checitione): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture				
Other (describe): Cattle				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level:				
Method of measurement (check one) Steel tape Electric tape Air line Other (describe): 50100				
Well depth: 39 Well grouted to a depth of: 35 feet Type of grout (check one) Neat Cement Bentonite Mix				
Casing length:				
Screen length: 0feet Screen diameter: 4inches Type of screen: PVC				
Screen slot size:				
Type of completion (check all applicable) Travel packed Underreamed Open hole Natural Development				
Other (describe):				I
Top of lap pipe or reduction in casing:feet				
If telescoped or more than one screen, describe on next page Form: OLWR-SWR-1A (4/13)				

County:	Jones
Permit #	

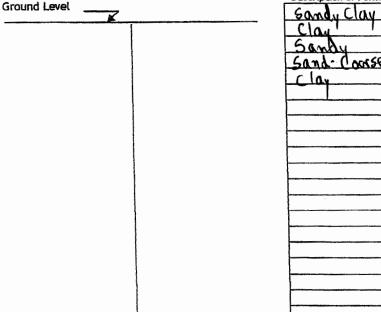


For Office Use Only:

Well #: ______C252

The sketch below only required for water wells

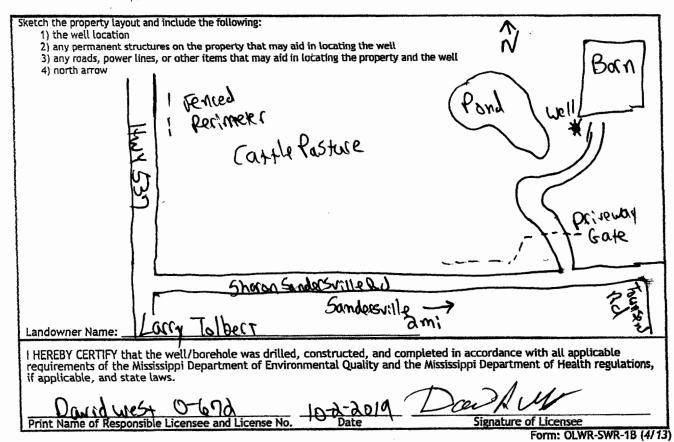
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) Ground level	To (depth)
Sandy Clay	Ground level	12
Clay	12	14
Sandy	14	19
Sand-Course	19	39
clay	39	•
	1	
		1

and boreholes, unless specifically exempted by regulations

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



inty.

STATE WELL REPORT				
County: 50025	Part 2	For Office Use Only:		
Permit #:	Pump Installer's Completion Report	-		
Driller: Dowid West	Mississippi Department of Environmental Quality	Well #: <u>C252</u>		
	Office of Land and Water Resources			
Date completed: 10-2-2019	P.O. Box 2309			
Date completed. <u>re bio 1</u>	Jackson, MS 39225-2309	Aquifer:		
Copy information from block on Part 1	(601)961-5210			
	(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 completion.

Well Owner Information	Well Location			
Owner Name: Larin Tolbert	Latitude: 31.786269 Longitude: -89.089 89			
Mailing Address: 49 Shoron Mass Rd	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Laurel MS 3944 ³ City State Zip Code	NW 14 SW 14, Sec 34 TION R 11W			
· · · · · ·				
Telephone No. (60) 580 - 8534	(Distance) (Direction) of Samers Town)			
Pump Typ	pe (check one)			
Submersible XTurbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
Date Pump Installed: 10-2-2019 Rated Pump Capacity: 9 Gallons Per Minute				
Is This Pump (check one): New Repaired Replaceme				
	pe (check one)			
	ndmill Dther (describe):			
Horse Power Rating of Motor: Setting Dep	th: <u>35</u> feet Number of Stages:			
Pump Test Data	for Non Flowing Well			
Date Well Tested:	Duration of Pump Test (minimum 4 hours): hours			
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute				
Method of measurement (check one): Steel tape Electric tape Air line Other (describe):				
Pump Test Da	ata for Flowing Well			
Measured shut in head:feet.				
Well yielded GPM with a drawdown of	feet afterhours of pumping			
Meter	Installation RECEIVED			
Meter Manufacturer:				
Meter Model Number/Name:	Type of Meter: 10-07-2019			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):BYOLWR				
Installation Date: Meter installed by:				
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 best of my knowledge.				
David hurst 0-6-22 10-2-229 Law Mule				
Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pump Installer				

Form: OLWR-SWR-2A (4/13)