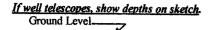
State V	Vell Report		
	Driller's Log For Office Use Only:		
i mosissippi Departite	nt of Environmental Quality Aquifer:		
Permit #: Office of Land a	nd Water Resources		
Deillow VIT AGI I UNII DIGA	Box 2309 Well#:E62		
	n, MS 39225 961- 5210 L. S. Elevation:		
	1-5228 (fax)		
	E-log #:		
State Law requires that this report be prepared by the lic	ense holder responsible for the work and filed with the		
Department at the above address within 30 days of comp Information on Well Owner	Well or Borchole Location		
(Landowner if borehole is not for a water well)			
	Latitude: 31° 16; 34, 2 Longitude: 90° 1', 48.4"		
Owner Name Towny Priegh			
Mailing Address: Huy 586	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
	NW 1/ NE 1/ Sec 30 Twn 4NV Rng 12E		
City State Zip Code			
City State Zip Code	Distance Direction Nearest Town		
	Miles of		
Telephone No. ()			
Well / Bore	bole Data		
Date drilling started: $\underbrace{\mathcal{F}}_{\mathcal{C}}(\mathcal{L})$ Date drilling completed: $\underbrace{\mathcal{F}}_{\mathcal{C}}(\mathcal{L})$	Hole depth: 105 Hole diameter:		
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel Logs run (circle all applicable); No log run Electric Gamma Ray			
Name of organization running log(s):			
Purpose of borehole (check one): Water WellGeotechnical/Geol	ogical Investigation Ground Source Heat Pump		
Seismic SurveyOther (describe)		
If drilling is not related to water well construction	n, skip the remainder of this block		
Purpose of Well (check one): Home $\underline{\checkmark}$ Industrial Public Supply	IrrigationFish CultureOther:		
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level: 60 feet above or below (circle one) land surface Date measured: 8-6-12			
Method of Measurement (circle one) teel tape electric tape air line other:			
Well depth: 125^{-1} Well grouted to a depth of 10^{-1} feet Type of grout (circle one): Reat Cement Bentonite Mix			
Casing length: 100 feet Casing diameter: 4/1	1		
Screen length: 20^{\prime} feet Screen diameter: $4^{\prime\prime}$			
Screen slot size:			
Type of completion (circle all applicable): Gravel packed Under			
Other (describe):			
Top of lap pipe or reduction in casing:feet. If te			
Form: OLWR-SWR-1A (04/08)			

- --- ...

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The sketch below only required for water wells



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)
	Ground Level	
(lay,	0	10
Cluy	20	40
Sald	40	6c
- Clave-	60	80
(vurse land.	80	100
(vurse band,	100	125
		1
	· · · · · · · · · · · · · · · · · · ·	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	+	+
	1	+
	+	
	+	+
	+	<u> </u>

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. BIAN FIZIEVald 024 Print Name of Responsible Licensee and License No.

Date

8-6

Signature of Licensee

SEP 5 5 2017 ્રે

County: Marian	STATE WELL REPORT Part 2 Pump Installer's Completion Report sissippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)	Fer Office Use Only:    Aquifer:
This part of the report must be completed by a li report must be attached and both parts filed with	censed water well contractor or a licensed pum the Department of the above address within 3	p installer. A copy of Part 1 of the 9 days of well completion.
Well Owner Information		Nell Location
Dwner Name: Tommy Pilest. Mailing Address: Huy SPG	Latitude: <u>310/6/34</u> .	<u>7 "Longitude: 90°1' 48.4"</u>
Mailing Address: Huy 586	Method of Lat/Long (check	k one): Conventional Survey
/	USGS quad, Hand-h	eld GPS Survey-grade GPS
City State	NW % NE % se	<u>30 TYNRIZE</u>
	Distance Direction	n Nearest Town
Telephone No. ()	Miles	_ of
Pamp Type		Power Type
Circle one	mersible Diesel Engine Gas	Circle one Joline Engine Natural Gas
Air Liff Jei Bucket Piston Turk		nd Tractor PTO
DICAN		her (specify):
Other (specify):		otor: <u>5</u>
Date Pump Installed: 8.6-12 Rated Pump Capacity: VoriAble Speed	ons Per Minute Number of Stages:	
Pump Test Data	Method ef	Measuring Water Level
Date Well Tested:	Air Line Electric	Circle one Measuring Line Steel Tape
Static Water Level (A):Feet Belo	w Land Surface Other (specify):	
Pumping Water Lovel (B):Feet Below	w Land Surface	
Drawdown [(B) - (A)]:Feet Belo	w Land Surface For flowing well, measure	ed shut in head:feet
Test Pumping Rate:Gall		GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):		ter hours of pumping
This is for (circle one): Kew Well	Replacement of Existing Pump Repair	of Existing Pump
I HEREBY CERTIFY that the above statements BIAD Flocenced	ra Britting	
Print Name of Pump Installer and License No. (		mp Installer Form: OLWR-SWR-1C (07-09)
		RFCEIV
		E \$ ₹

BY: OLMR