State Well Report  For Office Use Only:					
Part I - Driller's Log					
	Mississippi Department of Environmental Quality   Aguifer:				
Permit #:	Office of Land and Water Resources P.O. Box 2309 Well #:				
Driller: Joses w. Mason	Jackson, MS 39225		L. S. Elevation:		
Date drilling completed: 3-24-10	, ,	961- 5210 1- 5228 (fax)			
	(601)96	1- 5226 (lax)	E-log #:		
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.  Information on Well Owner  Well or Borehole Location					
(Landowner if borehole is not for a water well)		24 0 35	29.32 YV		
Owner Name Bobby Butter	Owner Name Bobby Bottler  (Landowner if borehole is not for a water well)  Owner Name Bobby Bottler  Latitude: 34 . 57 .317 ", Longitude: 89 .37 .415				
Mailing Address: 163 Spins dove  Method of Lat/Long (circle one): Conventional Survey,					
Walling Addicss.	USGS quad, Hand-held GPS, Survey-grade GPS				
Byhalia M	38611	SWINE 1/4 Sec 4	Twn 35 Rng Yw		
Byhalic M City Sta	te Zip Code	Distance Direction	Nearest Town		
Telephone No. (901) 647 - 282	City State Zip Code Distance Direction Nearest Town  Telephone No. 90 647 - 2825  Telephone No. 90 647 - 2825				
	Well / Bore	hole Data			
Date drilling started: 3-34-10 Date drilling completed: 3-34-10 Hole depth: 160 Hole diameter: 6314					
Location of the source of any surface water used for drilling:  Method of dosing and volume of Chlorine used in drilling and development:					
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:		
Purpose of borehole (check one): Water W	ellGeotechnical/Geole	ogical Investigation Ground	1 Source Heat Pump		
Seismic S	Survey Other (describe)	) wh			
If drilling is not related	to water well construction	n, skip the remainder of this bl	ock		
	Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation					
Static Water Level: feet above of below (circle one) land surface Date measured: 3-24-10					
Method of Measurement (circle one) steel tape electric tape air line other: 5tring   meight					
Well depth: Well grouted to a depth of Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 140 feet Casing diameter: 4" inches Type of casing: put					
Screen length: 30 feet Screen diameter: 4 inches Type of screen:					
Screen slot size: Screen slot size: Setting depth: From 140 feet to 160 feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page					

State Well Report Part 1 – Driller's Log

Form: OLWR-SWR-1A (04/08) APR 2 2 2010

Description of formations encountered must be provided for all

wells and boreholes, unless specifically exempted by regulations

If more than one screen, show location of each on sketch setch 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) a north arrow.  Spring Society  Addowner Name: Bothey Bother			of Formations Encountered		depth)
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Print Name of Responsible Licensee and License No.

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

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

## STATE WELL REPORT

## County: Marshall Permit #: Date completed: 3-34-10

## 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

Fo	or Offic	e Use O	nly:	
Aquifer:	5	3	13	
Well #:				
Elevation	ı:			

	51-5228 (fax) Elevation:		
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department of			
Well Owner Information	Well Location		
Owner Name: Bobby Bother	Latitude: 34.51-317 Longitude: 89-37.415		
Mailing Address: 163 sping dove	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	5w 1/2 NE 1/4 Sec 4 T 35 R 4w		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (901) 647-2825	3/4 Miles NW of Victoria		
Pump Type Circle one	Power Type Circle one		
Circle one	Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor:3/4		
Date Pump Installed: 3-74-10	Setting Depth:feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 3-24-10	Circle one		
	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): Feet Below Land Surface	Other (specify): String (reg L)		
Pumping Water Level (B):Feet Below Land Surface	Outer (speedily).		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:( \( \) Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet after 24 hours of pumping		

Other (specify): 5tring (specify)
Office (specify).
For flowing well, measured shut in head:feet
Well yieldedGPM with a drawdown of
feet after 24 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)