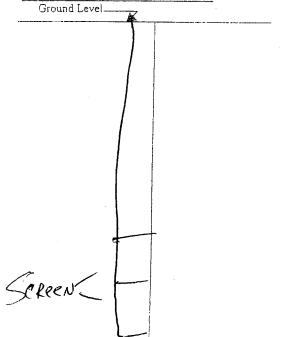
Furvoited	
	C
County: Lawela State Well Report Part 1 - Driller's Log Pennit # M5-6W-45608 Ississippi Department of Environmental Quality Office of Land and Water Resources P.O Box 1063! Jackson, MS 39289-0631	For Office Use Oply: Aquifer: Well #: L. S. Elevation:
Date drilling completed:     6-8-2012     (601)961-5210       (601)354-6938 (fax)     (601)354-6938 (fax)	E-log #:
State Law requires that this report be prepared by the license holder responsible for t Department at the above address within 30 days of completion of drilling of the well Information on Well Owner Well or Bo	
(Landowner if borehole is not for a water well) Owner Name John Thomas Mailing Address: 5142 Chapel Town Rd Method of Lat/Long (circle on	Longitude: <u>70° 64</u> 28 tongitude: <u>70° 64</u> 28 00 08 te): Conventional Survey,
Batesville ANS 38606	GPS, Survey-grade GPS - 11 MIL 95 Ngarest Towa of Dates ville
Telephone No. ()   Well / Borehole Data	
Date drilling started: 2 Date drilling completed 2 Hole depth. 85	Hole diameter: _26"
Method of dosing and volume of Chlorine used in drilling and development:	
Purpose of borehole (check one) Water Well Geotechnical/Geological Investigation Oround	Source Heat Pump
Seismic SurveyOther ( <i>describe</i> )/A If drilling is not related to water well construction, skip the remainder of this bloc Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture	
If a flowing well, method of flow regulation: ValveA Other (describe)	
Static Water Level: <u>10</u> feet above or below (circle one) land surface Date measured:	
Well depth: <u>E5</u> Well grouted to a depth of <u>5</u> feet Type of grout (circle one): Neat Cemer Casing length: <u>5</u> Seet 45 Casing diameter: <u>16</u> inches Type of casing:	nt Bentorete Mix
Casing length:feet 75 Casing diameter:inches Type of casing: Creen length:feet Screen diameter:inches Type of screen:	
creen slot size: <u>.050</u> inches Setting depth: From <u>6</u> 45 feet to	
ype of completion (circle all applicable): Gravel packed Underrearned Telescoped Open he Other (describe):	ole Natural Development
op of lap pipe or reduction in casing:feet. <u>If telescoped or more than one screen</u>	, describe on next page Form: OLWR-SWR-1A
DIL 22814	AUG 0 7 2012 BY: OLW
04 22820 12-243	

The sketch below only required for water wells

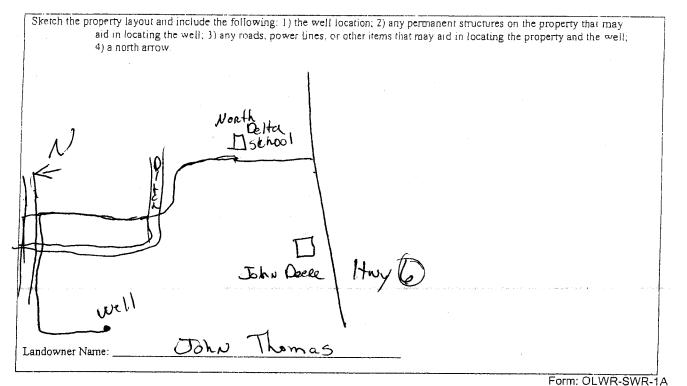
If well telescopes, show depths on sketch.



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)
Class	Ground Level	20'
Coarse Sand Course Sand Gravel	20	60
Course Squel Gravel		851
	+	+
		+
[		+
		ļ
	1	
· · · · · · · · · · · · · · · · · · ·		

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



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

une

6-20-12

RECEIVED

AUG 8 7 2012

BY: OLMP

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

•	STATE WEI	LL REPORT
County: PANDLA		For Office Use Only:Completion ReportAquifer:Aquifer:5.2
Permit #: <u>G.D 45608</u> Driller: <u>YOUNG'S CUSTOM</u> Date drilling completed: <u>Copy information from block on Part 1</u>	Office of Land and P.O. Bo Jackson, M (601) 96	of Environmental Quality Matter Resources MS 39225 061-5210 -5228 (fax)
This part of the report must be con report must be attached and both	mpleted by a licensed water well parts filed with the Department	ell contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion.
Well Owner In	formation	Well Location
Owner Name: THOMAS	ARMS	Latitude: 34.18.40.96" Longitude: 90.00.8.1
Mailing Address: <u>5142</u>	MARC TOWN RD	Method of Lat/Long (check one): Conventional Survey,
,	•	USGS quad, Hand-held GPS, Survey-grade GPS
BATS SUELLS, City	MS5%/606StateZip code	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Telephone No. (do 2) 563 -	3679	Z Miles WEST of BATES UFLIG

	Pump Type Check one	<u>_</u>		Power Type Check one	
🗌 Air Lift	🗍 Jet	Submersible	Diesel Engine	🔲 Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	U Windmill	Other (specify):	
Other (specify):			Horse Power Rating of	f Motor: 50	)
Date Pump Installed:	5-15-	12	Setting Depth:	70	feet
Rated Pump Capacity	3000	Gallons Per Minute	Number of Stages:	/	

Pump Test Dat	8		Method of Measuring Wa Check one	ter Level
Date Well Tested:		Air Line	Electric Measuring Li	ne 🔲 Steel Tape
Static Water Level (A):	Feet Below Land Surface	Other (specify):		
Pumping Water Level (B):	Feet Below Land Surface			
Drawdown [(B) - (A)]:	Feet Below Land Surface	For flowing well	, measured shut in head:	feet
Test Pumping Rate:	Gallons Per Minute	Well yielded		GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	hours		feet after	hours of pumping

This is for (check one): New Well Replace	ment of Existing Pump	Repair of Existing Pump
I HEREBY CERTIFY that the above statements are true to the best of r		B IA.
DAVED P. HOLT O- 752P	ily kilowieuge.	) (b)(M)
Print Name of Pump Installer and License No. (if applicable)	Signature of Pu	
		Form: OLWR-SWR-1C (07-
		AUG 2 4 2012

BY: OLWR 15

