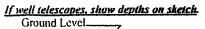
State V	Vell Report	For Office Use Only:		
	Driller's Log			
Mississippi Departme	ent of Environmental Quality	Aquifer:		
P.O.	and Water Resources Box 2309	Well #: 104		
Driller: TEDL Courts Jackson	n, MS 39225	L. S. Elevation:		
601)961-5210	L. S. Elevation.		
(001)9	61-5228 (fax)	E-log #:		
State Law requires that this report be prepared by the li	cense holder responsible for l	the work and filed with the		
Department at the above address within 30 days of com	pletion of drilling of the well	or borehole.		
Information on Well Owner (Landowner if borehole is not for a water well)		orehole Location		
	Latitude: <u>34 ° 11 ' 39</u>	" Longitude: <u>90° 6' 10</u> "		
Owner Name pages prop	Method of Lat/Long (circle or	ne): Conventional Survey,		
PO, BOX 488	USGS quad, Hand-held	GPS, Survey-grade GPS		
	NE 4 5E 4 Sec 20	<u>Twn 27N Rng 02E</u>		
Red Boy AL 35582 City State Zip Code	Distance Direction	of Nearest Town		
Telephone No. ()	Miles			
Well / Bor	chole Data			
Date drilling started: 6/14/16 Date drilling completed: 6/14	//6 Hole depth: _ / 00	Hole diameter: 2P		
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and deve	nevest u	Jeu		
Logs run (circle all applicable). No log run Electric Gamma Ray				
Name of organization running log(s):	Density Some readon			
Purpose of borehole (check one): Water Well / Geotechnical/Geo	ogical Investigation Ground	Source Heat Pump		
Seismic Survey Other (describe)				
Purpose of Well (check one): Home Industrial Public Supply	Irrigation Fish Culture	Other:		
If a flowing well, method of flow regulation: Valve O				
Static Water Level:feet above or below (circle one)	and surface Date measured:	6/14/16		
Method of Measurement (circle one) steel tape electric tape	air line other:			
Well depth: 100 Well grouted to a depth of 10 feet Type				
Casing length:feet Casing diameter:				
Screen length: <u>4</u> D feet Screen diameter: <u>16</u>				
Screen slot size: 050 inches Setting depth: From	feet to	ZD_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 teld	escoped or more than one screen	1, describe on next page		
		Form: OLWR-SWR-1A (04/08)		
JUL 07 2016				
		JUL 07 2016		

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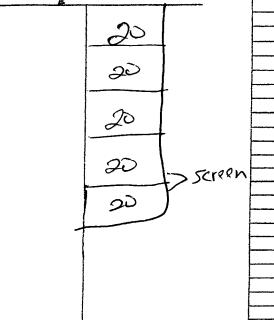
By	OLWR
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11104

The sketch below only required for water wells



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Description of formations encounter wells and boreholes, unless specific	red must he provided ally exempted by reg	for all ulations
Description of Formations Encountered	From (depth)	
Dild	Ground Level	20
Sano	20	40
Sauch	40	60
Gra J	රදා	80
Grav!)	80	100
	2	<u>#</u>
?n		

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) a north arrow. Ho)Dars Landowner Name: ð Form: OI.WR-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

6/14/16 Dy louts

Print Name of Responsible Licensee and License No.

o. Date

Jadd Gar Received

JUL 07 2016

By OLWR

STATE WELL REPORT	
County: Panola Part 2	For Office Use Only:
Pump Installer's Completion Report	Well #:
Driller: <u>IEDD7 Coct5</u> Mississippi Department of Environmental Quality Office of Land and Water Resources	
P.O. Box 2309	Aquifer:
Copy information from block on Part 1 (601)961-5210	
(601) 360-0535 (fax)	an a
This part of the report must be completed by a licensed water well contractor or a licensed pun of the report must be attached and both parts filed with the Department at the above address w	p installer. A copy of Part 1 whin 30 days of well completion.
Well Owner Information	cation
Owner Name: page property Hold Latitude: 34 11 39 Long	itude: <u>90 6)0</u>
Mailing Address: Method of Lat/Long (check one):	Conventional Survey,
OD BOX 488 USGS guad Hand-held GP	SV, Survey-grade GPS
Red Bay A) 35582 NE 4 SE 4, sec_ City State Zip Code	20 T27NR 02E
City State Zip Code Anites N/E of	(Nearest Town)
Telephone No. () (Distance) (Direction)	(Nearest Town)
Pump Type (circle one)	
Subarresides Turbine, Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (des	cribe):
Date Pump Installed: 6/14/16 Rated Pump Capacity: 14	
Is This Pump (circle one): New Repaired Replacement	
Power Type (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):	
Horse Power Rating of Motor: 60 Setting Depth: 60 feet Number of	f Stagest <u>3 12</u>
Pump Test Data for Non Flowing Well	
Date Well Tested: 6/14/16 Duration of Pump Test (minimum	m 4 hours): hours
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B):	
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:	
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):	1
Pump Test Data for Flowing Well	
Manurad shut in hoad.	
i measured shut ill head.	
Measured shut in head:feet. Well vielded 1800 GPM with a drawdown of 4 feet after 4 he	ours of pumping
Well yielded 1800 GPM with a drawdown of 4 feet after 4 he	ours of pumping
Well yielded 1800 GPM with a drawdown of 4 feet after 4 he	
Well yielded Image: Control of the second secon	
Well yielded Image: Control of the second secon	
Well yielded ISOD GPM with a drawdown of feet after he Meter Installation Meter Manufacturer: Meter Serial Number: Meter Model Number/Name: Type of Meter: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):	
Well yieldedGPM with a drawdown offeet afterhw Meter Installation Meter Manufacturer:Meter Serial Number: Meter Model Number/Name:Type of Meter: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date:Meter installed by:	
Well yielded Image: Control of the second secon	
Well yieldedGPM with a drawdown offeet afterhw Meter Installation Meter Manufacturer:Meter Serial Number: Meter Model Number/Name:Type of Meter: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date:Meter installed by:	to manufacturer standards. ite.
Well yielded Image: Constraint of the second se	1 to manufacturer standards.
Well yielded Image: Constraint of the second se	to manufacturer standards. ite. Received
Well yielded Image: Constraint of the second se	to manufacturer standards. ite. Received
Well yielded	to manufacturer standards. ite. Received

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