	State W	ell Report				
County: Yerry	Part 1 - 1	Driller's Log	For Office Use Only:			
•	Mississippi Department of Environmental Quality		Aquifer:			
			Well#: _B\07			
	•	-	I. S Elevation			
Date drilling completed: \(\sum_{\begin{subarray}{c} \lambda \text{31} \lambda \lambda \text{38} \lambda \text{30} \lambda \text{8} \end{subarray}}	1		<i>D. S. Diovanor.</i>			
	l , ·		E-log#:			
Information on Well ()wner					
Permit#: Driller: Device Lond and Water Resources P.O. Box 2309 Well #: B O						
Owner Name Dustin S	Tokes		·			
Mailing Address: 207 Gate	c Wood Rel	Method of Lat/Long (circle or	e): Conventional Survey,			
	· ·					
0	<i>A</i>	NY FY Sec /3	Two / De Rng SN			
Kichton M	5 39476	•	•			
_		Distance Direction Wiles North	Nearest Town of Nichton MS			
Telephone No. (66) 408 3.	319		- VIII			
	Well / Bore	hole Data				
Date drilling started: 5/28 Date dri	illing completed: 5/3/	Hole depth: 150	Hole diameter: 4			
Location of the source of any surface water used for drilling: 1/0.44 Po and 6 1.20 to Association						
Method of dosing and volume of Chlorine	e used in drilling and devel	opment:	EVE			
Logs run (circle all applicable). No log run Name of organization running log(s):	D Electric Gamma Ray	Density Sonic Neutron	Other: RECEIVE			
Purpose of borehole (check one): Water W						
Seismic Survey_Other (describe)BY OFBY OF						
Purpose of Well (check one): Home Industrial X Public Supply Irrigation Fish Culture Other. Checken Firm						
If a flowing well, method of flow regulation						
Static Water Level: 60 feet above or below (circle one) land surface Date measured: 5/30/2018						
Method of Measurement (circle one) sto	eel tape electric tape	air line other:	tring.			
			ent Bentonite Mix			
•			yvc			
Screen length: 20 feet Scree	en diameter: 4	_inches Type of screen:	PVC			
			1			
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development			
	Other (describe):		•			
Top of lap pipe or reduction in casing:	feet. If tel	escoped or more than one scree	n, describe on next page			
Southwa Mg Water	er Well Driv # 0-83 }	15/21/221	Form: OLWR-SWR-1A.(04/08)			
		-101/dol	8			

STATE WELL REPORT

Part 2

Pump Installer's Completion Report P.O. Box 2309 Jackson, MS 39225 (601)961-5210

For Office Use Only:						
Aquifer:		•				
Well #: _	B107					
Elevation	-					

Permit#: Mississippi Department of Environmental Quality Office of Land and Water Resources Driller (601)961-5228 (fax) Copy information from block on Part 1 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 Vell Location Owner Name: Longitude: Method of Lat/Long (check one): Conventional Survey Hand-held GPS Survey-grade GPS Distance Direction Nearest Town Telephone No. (60/) Miles Moth of Pump Type **Power Type** PRECEIVED
Return Gas
Tractor PTO 6 2018 Circle one Circle one Air Lift **Jet** Submersible Diesel Engine Gasoline Engine Bucket Piston Turbine Electric Motor Hand · Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: Setting Depth: feet Rated Pump Capacity: **Gallons Per Minute** Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one 12018 Date Well Tested: Air Line **Electric Measuring Line** Steel Tape Static Water Level (A): **Feet Below Land Surface** Other (specify): Pumping Water Level (B): / O.S. Feet Below Land Surface Feet Below Land Surface Drawdown [(B)-(A)]: For flowing well, measured shut in head: **Test Pumping Rate:** Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after hours of pumping

	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
	Southern Ms Wifer Well Dolling Honglatter of Pump Installer and License No. (if applicable) Signature of Pump Installer
_	Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
	15 # D-B3) 5/31/2 Form: OLWR-SWR-1B (04/08)
	201 0/21/2018

From (depth) To (depth)

Ground Level

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered

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If more than or	ne screen, show location of each on sket	ch		
Sketch the property	layout and include the following: 1) the	e well location; 2) any permanent structures on ines, or other items that may aid in locating the	the property that may	7
aid in	locating the well; 3) any reads power I	ines, or other items that may aid in locating th	e property and the wel	n-
4) and	ortharrow.	<i>y</i>	- LLatel area are are	"
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T 37 (11 1 - 15 - Ch 1			1
Landowner Name: /	UKZTIM STOKE	\		
		F	orm: OLWR-SWR-1/	A (04/08)
I certify that the wal	Morehole was drilled sonetweeted -			
	avoi suule was ufiilen, eonstfiichen, si	nd completed in accordance with all applica		
B45522 Th				
Mississippi Deparm		: Mississippi Department of Health regulati	ons, if applicable, an	d state
		e Mississippi Department of Health regulati	ons, if applicable, an	d state
laws ?		e Mississippi Department of Flealth regulati	ions, if applicable, an	d state
_		Mississippi Department of Plealth regulati		d state
Southerr		e Mississippi Department of Flealth regulation 1	1	nd state

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level.