State V	Well Report         For Office Use Only:		
	Drillor's Log		
I MISSISSIDDI DEDATITI	ent of Environmental Quality Aquifer: 587		
	and Water Resources Well #:		
	on, MS 39225		
	L)961- 5210 L. S. Elevation:		
	E-log #:		
State Law requires that this report be prepared by the l	icense holder responsible for the work and filed with the		
Department at the above address within 30 days of con Information on Well Owner			
(Landowner if borehole is not for a water well)			
	Latitude 1/31. 11, 309" Longitude: 38 . 55, 150		
Owner Name Harrice William	Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: 350 River Loop Rel			
	USGS quad, Hand-held GPS, Survey-grade GPS		
R. + Me	SE V SE Twn T3N Rng R9W		
Beaumart Ms City State Zip Code	Distance Direction Nearest Town <u>3</u> Miles N W of Recurrent		
	3_Miles NW of Beaumant		
Telephone No. ()			
Well / Bo	rehole Data		
Date drilling started: 1-18-13 Date drilling completed: 1-18	Hole depth: $28$ Hole diameter: $41/2$		
Location of the source of any surface water used for drilling: $\mathcal{N}$	ONE		
Method of dosing and volume of Chlorine used in drilling and dev	elopment:		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:			
Purpose of borehole (check one): Water Well // Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (describe)			
If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level:			
Method of Measurement (circle one) steel tape electric tape air line other:			
Well depth: 28 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: $23$ feet Casing diameter: $2$ inches Type of casing: $PVC40$			
Casing length: $23$ feet       Casing diameter: $2$ inches       Type of casing: $PVC40$ Screen length: $5$ feet       Screen diameter: $2$ inches       Type of screen: $PVC40$			
Screen slot size: <u>10</u> inches Setting depth: From <u>23</u> feet to <u>28</u> 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			
Form: OLWR-SWR-1A (04/08			

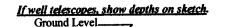
ð

## RECEIVED

FEB 0.1 2013

BY: OLWR

## "The sketch below only required for water wells

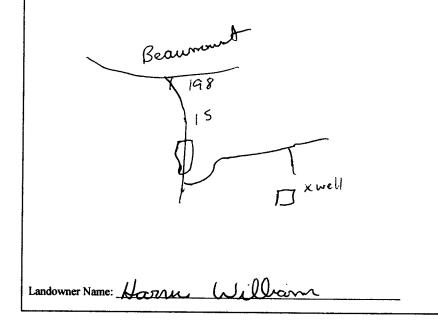


Description of formations encountered must be provided for all wells and boreholes. unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clas	0	4
eand	4	5
Cly	5	12
silt	1 12	15
pand	15	28
		-
	· <del>  · · · · · · · · · · · · · · · · · ·</del>	
		+
·····		
······································		
	1	1 1

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.



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. Michael REry Fog 1 0408 1-21-13 Print Name of Responsible Licensee and License No. Date

Signature of Licensee

FEB 0.1 2013

BY: OLWR

έ.			J8.
<u> </u>	STATE WI	ELL REPORT	For Office Use Only:
County:		art 2	Aquifer:
) Permit #:	Pump Installer's Completion Report Mississippi Department of Environmental Quality		
Driller: Mily & Wal	Office of Land	and Water Resources	Well #:
Date completed: 1-21-13		Box 2309 1, MS 39225	Elevation:
		)961-5210 61-5228 (fax)	
Copy information from block on Part 1	J		
This part of the report must be completed report must be attached and both parts fil	by a licensed water well by a licensed water well be	contractor or a licensed pump i at the above address within 30 d	installer. A copy of Part 1 of the lays of well completion.
Well Owner Information			ll Location
Owner Name: Harrie Wi	0 0.	Latitude: <u>N-3/-//-209</u>	Longitude: <u>W88-55-15</u> 0
Mailing Address: 350 Rung	Loop Kd		ne): Conventional Survey,
<u> </u>			GPS, Survey-grade GPS
Beaumat N City State	75 Zip Code	¼¼ Sec_ç	20 T <u>T3N R R9</u> W 29 Nearest Town of <u>Beaumon</u>
Telephone No. ()		Distance Direction $\frac{3}{100}$ Miles $\frac{1}{100}$ Miles	Nearest Town of Beaumont
		L	· · · · · · · · · · · · · · · · · · ·
Pump Type Circle one			wer Type Circle one
Air Lift Jet	Submersible		ne Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):
Other (specify):			:
Date Pump Installed: 8-12 ]-	21-13	Setting Depth: 22	feet
Rated Pump Capacity: <u>8-12</u>	Gallons Per Minute	Number of Stages:Z	
Pump Test Data		Method of Me	asuring Water Level
Date Well Tested:		c c	ircle one
Static Water Level (A): / 2 Feet	Below Land Surface	Air Line Electric Mea	suring Line Steel Tape
	Below Land Surface	Other (specify):	
Drawdown [(B) - (A)]: Feet	Below Land Surface	For flowing well, measured sh	ut in head:feet
Test Pumping Rate:9	Gallons Per Minute	Well yielded7	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	<u> </u>		112 hours of pumping
	n. 1		
This is for (circle one): New Well	Replacement of Exis	sting Pump Repair of Ex	sisting Pump
I HEREBY CERTIFY that the above statem Michael R Fryta/2 Print Name of Pump Installer and License N	0408	f my knowledge. Michael Signature of Pump In	R Jryff staller Form: OLWRS WHO OF 09
			FEB 0.1 201

.

BY: OLWR