County: Pike	STA'
Permit #:	Mississippi D Office
Date drilling completed: 11-21-13,	

## TE WELL REPORT

Part 1

Driller's Log
Department of Environmental Quality
of Land and Water Resources P.O. Box 2309

Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax)

For Office Use Only:		
Well #:		
Aquifer:		
E-Log #:		

by the license holder responsible for the work and filed with the of completion of drilling of the well or borehole.

Department at the above address within 30 days of cor	npletion of artiling of the well or borehole.			
Well Owner Information	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: 3100 24.5 Longitude: 90°24 48.7 49			
Owner Name: Butch Varando	Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: 5 take like Rd				
	USGS quad, Hand-held GPS, Survey-grade GPS			
a. k. Ms.	SE 14 NG 14, Sec 32 TIN R 8G			
City State Zip Code	1			
Telephone No. ()	Miles of (Distance) (Direction) (Nearest Town)			
Well / E	Borehole Data			
Date drilling started: 1-21-13. Date drilling completed	: 11-21-13 Hole depth: 193 Hole diameter: 8"			
Location of the source of any surface water used for drilli				
Method of dosing and volume of Chlorine used in drilling a	and development:			
	ma Ray Density Sonic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (circle one): Water Well Geotechn	ical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other	(describe)			
If drilling is not related to water well o	construction, skip the remainder of this block			
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation Fish Culture			
Other (describe):				
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level: 66 feet [above or below] land surface Date measured: 11-21-13.				
Method of measurement (circle one): Steel tape Electric				
Well depth: 193 Well grouted to a depth of: 10	feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 183 feet Casing diameter:	4" inches Type of casing: Pvc			
Screen length: 10 feet Screen diameter:	inches Type of screen: Puc			
Screen slot size:	r: Fromfeet tofeet			
Type of completion (circle all applicable): Cravel packed	Underreamed Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in easing:foot				
If telescoped or more than	one screen, describe on next page Form: OI WR-SWR-1A (4/1)			
	THE COUNTY OF THE PARTY			

If mere than one screen, show location of each on sketch.  Ground Level  If more than one screen, show location of each on sketch  Search Gc Scard	County: file		For Office	e Use Only:
If well telescopes, show deaths on sketch.  Ground Level     Compared   Compa	Permit #:	v	Vell #:L2	43
If more than one screen, show location of each on sketch.    Compared 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) north arrow   Study	The sketch below only required for water wells	Description of formations encou	intered must be I	provided for all wells
If more than one screen, show location of each on sketch  Search (100 1/20 1/20 1/20 1/20 1/20 1/20 1/20 1	If well telescopes, show depths on sketch.  Ground Level		ered From (d	epth) To (depth)
If more than one screen, show location of each on sketch  Sketch   Ge   Sound   Ge   Sound   Ge   Sound   Ge   Sound   Ge   Sound   Ge   Ge   Sound   Ge   Ge   Ge   Ge   Ge   Ge   Ge   G		Clause		
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Landowner Name: Bully Vivialy  I HERBY 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.  Did Formula Conductor of Date Signature of Licensee	3) any roads, power lines, or other items that may aid	in tocacing the property and the west		
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Print Name of Responsible Licensee and License No. Date Japane of Responsible Licensee and License No.	DIAS FIZICIAL		Signature of Lic	ensee
rorm: ULWK-3WK-1A (4/	Print Name or Responsible Licensee and License No.	Date	Form	1: OLWR-SWR-1A (4/1.

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#### STATE WELL REPORT

# County: Pike Permit #: Driller: FYZMA

### Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309

For Office Use Only:		
Well #: <u>L243</u>		
Aquifer:		

Tuare completed: (1 22 1)	on, MS 39225-2309	Aquifer:		
Copy information from block on Part 1	601)961-5210			
(601	) 360-0535 (fax)			
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the L				
Well Owner Information	Well Lo	ocation		
Owner Name: Butich Varnado:	Latitude: 310 0' 29.5 "Longitude: 90° 29' 48'.5"			
Mailing Address: Stule Line Rd	Method of Lat/Long (check one)	: Conventional Survey,		
	USGS quad, Hand-held GF	PS, Survey-grade GPS		
OSATU MS City State Zip Code	¼¼, Sec			
	Miles (Direction) of (Direction)			
Telephone No. ()	(Distance) (Direction)	(Nearest Town)		
Pump Ty	oe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (des	scribe):		
Date Pump Installed: 11-21-13,	Rated Pump Capacity: 12 1	Gallons Per Minute		
Is This Pump (circle one): (New Repaired Replacement	nt			
Power Ty	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Win	dmill Other (describe):			
Horse Power Rating of Motor: $364$ Setting Dept	h: 120′ feet Number	of Stages: 12 '		
Pump Test Data for Non Flowing Well				
Date Well Tested:	Duration of Pump Test (minima	um 4 hours): hours		
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B):	Feet Below Land Surface		
Drawdown [(B) - (A)]:Feet Below Land Surf	ace Test Pumping Rate:	Gallons Per Minute		
Method of measurement (circle one): Steel tape Electric ta				
Pump Test Da	ta for Flowing Well			
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet after	hours of pumping		
Meter	nstallation			
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:				
Is This Meter (circle one): New Repaired Replacement				
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.  For agricultural wells, a list of approved meters is on the MDEQ website.				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Acad Extremed org. 11-4-13 Al Mal				
Print Name of Pump Installer and License No. (if applicable)		ure of Pump Installer		
	<del></del>	Form: OLWR-SWR-1B (4/13)		