Permit #: <u>GW- 45293</u>		d Mater Resources	Aquiler.	
	Office of Land and Water Resources		Well #: B48	
Driller Delta Villing of Tunia	P.O. Box 2309 Jackson, MS 39225			
/ _	(601)961-5210		L. S. Elevation:	
Date drilling completed: 9-2-//		- 5228 (fax)		
	(001)501	- SEES (IAX)	E-log #:	
State Law requires that this repor	rt he nrenared hv the lice	nse holder responsible for	the work and filed with the	
Department at the above address				
Information on Well (orehole Location	
(Landowner if borehole is not fe				
	ĺ	Latitude: N34 ° 24 ' 385	" Longitude: 18 ' 926"	
Owner Name Chorles Fair		23	Longitude: 18 '926" Sone): Conventional Survey,	
N		Method of Lat/Long (circle of	one): Conventional Survey,	
Mailing Address:		11000 - TY-11-1	d GPS, Survey-grade GPS	
121 Leslie Dr.				
$\frac{1}{2}$	·	SE 1/ All) 1/4 Sec H	Twn 85 \(\sigma_ \text{Rng} \(\sigma_ \text{U} \)	
Senatobia Ms. City Sta	38668	N/W / 500 /1	Twii US Idig [[C	
City Sta	te Zip Code	NW 12 Distance Direction	Nearest Town	
-	-	7 Miles West	of Sledge, Ms.	
Telephone No. ()				
	Well / Borel	iole Data		
Date drilling started: 9-2-// Date dri	illing completed: Q-2-/	/ Hole denth: ///	Holo diameter: 14"	
	ining completed. 7 2 1		Hole diameter. 27	
Location of the source of any surface water	er used for drilling: Q(0)	induster well /2	mile SE	
Method of dosing and volume of Chlorine	e used in drilling and develo	pment:		
Logs run (circle all applicable): No log run Name of organization running log(s):	Bectric Gamma Ray	Density Sonic Neutron	Other:	
Time of organization familiag log(s).				
Purpose of borehole (check one): Water W	ell Geotechnical/Geolo	gical Investigation Group	d Source Heat Pump	
Seismic S	SurveyOther (describe)			
17 arilling is not related	to water well construction	skip the remainder of this b	lock	
Purpose of Well (check one): Home In	adustrial Public Supply	Irrigation i Figh Culture	Ost	
			i	
If a flowing well, method of flow regulation	n: ValveOtl	ner (describe)		
			<u> </u>	
Static Water Level: 22 feet above or below (circle one) land surface Date measured: 9-2-11				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: Well grouted to a depth of feet Type of grout (circle one): Neat Cement Mix				
Casing length: <u>70</u> feet Casin	g diameter://_	inches Type of casing:	PUL	
Screen length: 40 feet Scree	en diameter: 16	inches Type of screen:	PUC	
Screen slot size: -032 inches Setting depth: From 70 feet to 110 feet				
Type of completion (circle all applicable);		amed Telescoped Open	hole Natural Development	
	Other (describe):			
Top of lap pipe or reduction in casing:	feet. If teles	coped or more than one scree	en, describe on next page	

State Well Report

Part 1 - Driller's Log

County: Quitmon

For Office Use Only:

DEC 0 1 2011

Form: OLWR-SWR-1A (04

The	chatch	holow	anh	required	for	water u	ءاام
ıne	SKEICH	verow	oniv	requireu	IUI	nuici n	CIIS

<u>If</u> y	vell	telesco	pes,	show	depths	on	sketch.

Description of p	formations enco	untered must be	provided for all
vells and borel	holes, unless spe	cifically exempt	ed by regulations

Ground Level	Description of Formations Encountered		To (depth)
	Clay	Ground Level	30
			ļ
	Clay / fine sond	31	34
}	Coosse Send & arrivel	35	110
	Coorse send grovel	J 3,	1110
ł			
			†
			
			†
			
			
i i	L		

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

Sketch the p	roperty 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 Ha
	1 % Hwy 315
	house
	o well
Landowner	Name: Charles Fair
Landowici	Form: OI WR-SWR-14 (04/08)

Landowner Name: Chottps Fq.1			
		Form: OLWR-SW	R-1A (04/08)
I certify that the well/borehole was drilled, constructed	d, and completed in	accordance with all applicable requirements	s of the
Mississippi Department of Environmental Quality and	the Mississippi Dep	partment of Health regulations, if applicable	, and state
Chris Shakky # 2561	10-16-11	Mi Stable	REGEVEU
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee.	DEC 0 1 2011
			BY: OLWA

STATE WELL REPORT

Part 2 County: Quitman For Office Use Only: **Pump Installer's Completion Report** Permit #: GW - 45293 Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 2309 B48 Well #: Jackson, MS 39225 Date completed: 1-2-11(601)961-5210 Elevation: (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 Well Location Latitude: 434° 24. 385 Longitude: W90° 18. 926 Owner Name: Mailing Address: Method of Lat/Long (check one): Conventional Survey, USGS quad , Hand-held GPS , Survey-grade GPS SE 4 NW 4 Sec // T 85 R // W Distance Direction Nearest Town Miles West of Sledge Ms. Telephone No. () **Pump Type Power Type** Circle one Circle one Diesel Engine Air Lift Jet Submersible Gasoline Engine Natural Gas **Bucket** Turbine Piston Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: 100 Date Pump Installed: 9-2-11 Setting Depth: 40 feet Rated Pump Capacity: 3000 Gallons Per Minute Number of Stages: / Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line 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: 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 I HEREBY CERTIFY that the above statements are true to the best of my knowledge,

Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SWR-1B (04/08)

Signature of Pump Installer