County: 79/19/10/12	
Permit #:	
Driller: Willie Bryan	4
Date drilling completed: 7-23-11	

State Well Report Part 1 – Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson MS 39225

Jackson, MS 39225 (601)961- 5210 (601)961- 5228 (fax)

For Office Use Only:				
Aquifer: L //5				
Well #:				
L. S. Elevation:				
E-log #:				

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Department at the above address within 30 days of completion of drilling of the well or borehole.				
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: 33 ° 57 50 " Longitude: 090° 07:59"			
Owner Name Tommy Nob/R	1 . 24 35 1			
Mailing Address: 99 Byors Rd.	Method of Lat/Long (circle one): Conventional Survey,			
maning reduces.	USGS quad, Hand-held GPS Survey-grade GPS			
2000	SW 1/2 SE . Sec 7 Twn 24N Kng 2 E			
Charleston mg 3892/	,			
2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0	Distance Direction Nearest Town Miles W of Charles for			
Telephone No. (662) 625-3/75	99 Brings Rd			
Well / Bore	noie Data			
Date drilling started: 7-23-11 Date drilling completed: 7-23-	// Hole depth: _/00 Hole diameter:62			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel	lopment: / Chlorine tablets			
Logs run (circle all applicable): No log run, Electric Gamma Ray	Density Sonic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (check one): Water Well Geotechnical/Geol	ogical Investigation Ground Source Heat Pump			
Seismic Survey Other (describe	2)			
If drilling is not related to water well construction	n, skip the remainder of this block			
Purpose of Well (check one): Home Industrial Public Supply	yIrrigation 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: Rope + weight				
Well depth: 100 Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 90 feet Casing diameter: 4 inches Type of casing: PYC				
Screen length: 20 feet Screen diameter: 4 inches Type of screen: We 5/5 Hed				
Screen slot size:				
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 te	elescoped or more than one screen, describe on next page			

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



AUG 1 2 **2011**

The sketch	below only	required for	water wells

₹ - 3 3

f well	telescopes,	show	depths	on	sketch.
Gr	and Level				

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

Description of Formations Encountered	From (depth)	lo (depth)
Description of Formations Encountered	Ground Level	20
/ Coor se sand	20	40
(parse sand	40	60
oravel	60	00
Jaravel	28	100
3	0	•
	Ì	
		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 t aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the 4) a north arrow.	property that may property and the well;
HWY 32	= 7
(Some Pd.)	35
E Com	
mitchell lake Rd. By I I well	
§ (I))
Landowner Name: Tommy Noble	orm: 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.

Willie L. Bryan + 0-639 7-24-11 Willie L. Buyan +

Print Name of Responsible Licensee and Licensee No.

Date

Signature of Licensee

	STATE WE	LL REPORT	For Office Use Only:
county: Tallahatchie	Pa	art 2	
County	Pump Installer's	Completion Report	Aquifer:
Permit #:	Mississippi Department	of Environmental Quality ad Water Resources	Well #:
Driller: Willie Brant		Box 2309	Well #:
Date completed: 7-24-11		MS 39225	Elevation:
·	` '	061-5210 -5228 (fax)	
Copy information from block on Part 1	ì		
This part of the report must be completed	by a licensed water well o	ontractor or a licensed pump	installer. A copy of Part 1 of the
report must be attached and both parts file	ed with the Department a	the above dadress within 30	ell Location
Well Owner Informat			
Owner Name: Tommy Nob	<u>e</u>	Latitude: <u>35 5 7.90</u>	Longitude: 090° 07.59 W
Mailing Address: 99 Byars	Rd	Method of Lat/Long (check	
Triuming From 665.		USGS quad,(Hand-hel	d GPS Survey-grade GPS
Charleston M			7 T 24NR 2E
City State	Zip Code		
Charleston A State Telephone No. (1018 625 - 31	75	Miles Sw	of Charles Town
Pump Type		P	Power Type Circle one
Circle one	Submersible	Diesel Engine Gaso	line Engine Natural Gas
Air Lift Jet	Submersible		T PTO
Bucket Piston	Turbine	Electric Motor Hand	d Tractor PTO
Centrifugal Rotary	Flowing Well		er (specify):
Other (specify):		Horse Power Rating of Mot	or:
Date Pump Installed: 7-24-11	<u> </u>	Setting Depth:)feet
Rated Pump Capacity: 91		Number of Stages:	12
Pumn Test Date	<u> </u>	Method of	Measuring Water Level
Date Well Tested: Pump Test Data		At I in Electric M	Circle one leasuring Line Steel Tape
100	et Below Land Surface		
State Water Edward		Other (specify):	+ weight
Pumping Water Level (B): 23 Fee	et Below Land Surface		9
•	et Below Land Surface	For flowing well, measured	
Test Pumping Rate:	Gallons Per Minute		GPM with a drawdown of
Duration of Pump Test (minimum 4 hour	s):hours	feet afte	hours of pumping
This is for (circle one): New Wo	Replacement of E	xisting Pump Repair o	of Existing Pump
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
THEREBY CERTIFY WAS THE ADOVE STATEMENT OF A LOCAL TO A			
Willie L. Bryant	se No. (if applicable)	Signature of Pun	np Installer
Print Name of Pump Installer and Licens	se No. (II applicable)	V-6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Form: OLWR-SVIP LC (12-4)
			1 4F0F16