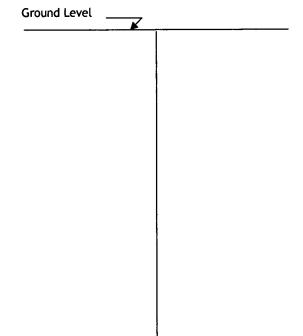
	STATE	WELL REPORT						
County: Tate		Part 1	For Office Use Only:					
Permit #: <u>MS-6-6 - 17078 /</u>		riller's Log	Well #:					
Driller: James w. Mason	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:					
Date drilling completed: $\frac{9-25-13}{2}$	I	P.O. Box 2309	E-Log #:					
		on, MS 39225-2309 (601)961-5210						
	(60	1)360-0535 (fax)						
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.								
Well Owner Information Well or Borehole Location								
(Landowner if borehole is not for a water well)		Latitude: 34 45 61.47 Longitude: 89 55 14.79						
Owner Name: Beartail Farme		Method of Lat / Long (check one): Conventional Survey,					
Mailing Address: <u>445</u> Scot	l drive							
		USGS quad, Hand-held G	PS, Survey-grade GPS					
<u>Coldwater</u> <u>Ms</u> City State	38618	<u>NE ¼ SE ¼, Sec</u>	10 - T - 205 R - 45 45 71V					
City State	Zip Code	<u>イリ</u> (<i>Distance</i>) (<i>Direction</i>)	r_gingerhill					
Telephone No. (662) 404-099	<u>12-</u>	(Distance) (Direction)	(Nearest Town)					
	Weli / B	orehole Data						
Date drilling started: $9 - 25 - 13$ Date			Hole diameter: $93/4$					
Location of the source of any surface w								
Method of dosing and volume of Chlorin		•	1 a center					
			-					
Logs run (circle all applicable): No log ru		na Ray Density Sonic Neutro	n Other:					
Name of organization running log(s):								
Purpose of borehole (circle one): Water	Well) Geotechni	cal/Geological Investigation	Ground Source Heat Pump					
Seismi	c Survey Other	describe) <u> </u>						
If drilling is not rela	ited to water well c	onstruction, skip the remainder	of this block					
Purpose of Well (circle all applicable): 1	Home Industrial	Public Supply (Irrigation) F	ish Culture					
Other (<i>describe</i>): ۲۹								
If a flowing well, method of flow regula	ation: Valve <u>~ v v</u>	• Other (describe)						
Static Water Level: 12 feet [above or below] land surface Date measured: 9-30-13 (circle one)								
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): <u>String I weight</u>								
Well depth: 140 Well grouted to a depth of: 50 feet Type of grout (<i>circle one</i>): Neat Cement Bentonite Mix								
Casing length: <u>190</u> feet Casing diameter: <u>6</u> inches Type of casing: <u>p>c</u>								
Screen length: <u>46</u> feet Screen diameter: <u>6</u> inches Type of screen: <u>6</u>								
Screen slot size: <u>, 013</u> inches Setting depth: From <u>100</u> feet to <u>140</u> feet Type of completion (<i>circle all applicable</i>): Gravel packed Underreamed Open Hole Natural Development								
Other (describe): ► ₩ ①								
Top of lap pipe or reduction in casing: <u>vie</u> feet								
If telescoped or more than one screen, describe on next page								

County:	Tote
Permit #: <u>M3 - Gw - 17038</u>	

y	7	
	y	y

The sketch below only required for water wells

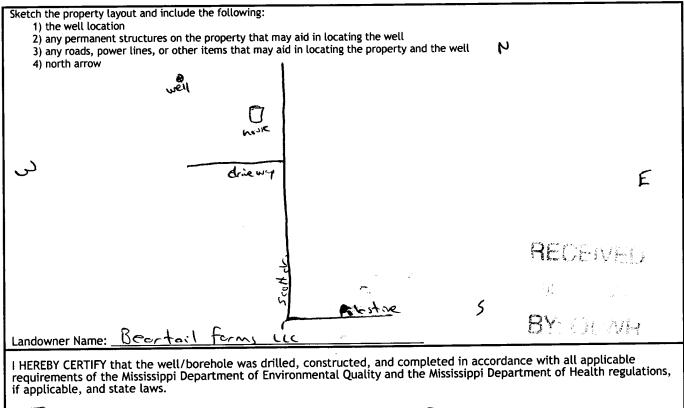
If well telescopes, show depths on sketch.

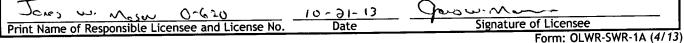


<u>Description of formations encountered must be provided for all wells</u> and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (<i>depth</i>)	To (depth)
clay dirt	Ground level	15
led sand	15	રુદ
while soud	əs	50
white clay	50	20
white send	70	140
····-		

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





STATE WELL REPORT							
County: T-te		Part 2	For Office Use Only:				
Permit #: MS - GW - 17028		r's Completion Report	· · · ·				
Driller: James W. Maren	Mississippi Department of Environmental Quality Office of Land and Water Resources		Well #: <u>54み1</u>				
Date completed: <u>9-30-13</u>		.O. Box 2309 n, MS 39225-2309	Aquifer:				
Copy information from block on Part 1		601)961-5210					
	(601) 360-0535 (fax)	L				
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 Informati			ocation				
Owner Name: <u>Beartail forms</u>	<i>LLL</i>	Latitude: <u>34 من من بان Latitude:</u> Lon	atitude: <u>34*45*61.47</u> Longitude: <u>87*55*14.79</u>				
Mailing Address: <u>445</u> scatt	drive	Method of Lat/Long (check one): Conventional Survey,					
		USGS quad, Hand-held G	PS, Survey-grade GPS				
<u>coldwater</u> ms City State	38618	<u>NE 14 SE 14, Sec</u>					
City State	Zip Code						
Telephone No. (662) 404 - 0997)	(Distance) (Direction)	(Nearest Town)				
	Pump Typ	e (circle one)					
Submersible Turbine Air Lift Centrifu	ugal Flowing Well	Jet Piston Rotary Other (des	scribe):				
Date Pump Installed: 9~30~13	R	ated Pump Capacity:5	COGallons Per Minute				
Is This Pump (circle one): (New) Rep	aired Replacemen	t					
	Power Typ	e (circle one)					
Electric Diesel Gasoline Natural Gas	Tractor PTO Wind	Imill Other (<i>describe</i>):					
Horse Power Rating of Motor: 10	Setting Dept	n: <u>60</u> feet Number	of Stages:Q				
	Pump Test Data 1	or Non Flowing Well					
Date Well Tested: 9-30-13		Duration of Pump Test (minim	um 4 hours): <u> </u>				
Static Water Level (A): Feet	Below Land Surface	Pumping Water Level (B):	NIA Feet Below Land Surface				
Drawdown [(B) - (A)]: من نطا	Feet Below Land Surfa	ace Test Pumping Rate:	Gallons Per Minute				
Method of measurement (circle one): Ste	eel tape Electric ta	pe Air line Other (<i>describe</i>): _	string / weight				
······		a for Flowing Well					
Measured shut in head: Mfeet.							
Well yieldedGPM with a d	rawdown of~	A feet after <u>24</u>	hours of pumping				
Meter Installation							
Meter Manufacturer: N 14	· · · · · · · · · · · · · · · · · · ·	Meter Serial Number:	NIA				
Meter Model Number/Name: へ	A	Type of Meter:	IA Span				
Meter Model Number/Name: V [4 Type of Meter: V [4 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): ~ /4							
Installation Date: $N/4$	Neter installed by: _	NIA					
Is This Meter (circle one): New Rep	aired Replaceme	nt					
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.							
James w. Meson 0-620 18-21-13 Gaus w. Monumer Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer							
	~ *						