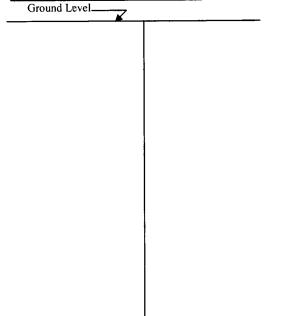
State V	Vell Report	
	Driller's Log	For Office Use Only:
Mississippi Departme	nt of Environmental Quality and Water Resources	Aquifer:
Driller: Jeres w-Mason Jackson	Box 2309	Well #:
(004)	n, MS 39225)961- 5210	L. S. Elevation:
Data drilling completed: CUITUY	61- 5228 (fax)	T: 1a = #:
		E-log #:
State Law requires that this report be prepared by the lie Department at the above address within 30 days of com		
Information on Well Owner	Well or B	orehole Location
(Landowner if borehole is not for a water well)	Latitude: 34 . 46 383	"Longitude: $89 \cdot 49 \cdot 444$ ", ne): Conventional Survey,
Owner Name Browdow Doughting	Mathad af Lat/Lang (single)	11 27 ¹¹
Mailing Address: 4297 County line rd.		
		d GPS, Survey-grade GPS
	Now 1/4 New 1/4 Sec 3	Twn 45 Rng 6w
(<u>aldwater MI 38618</u> City State Zip Code	NE Distance Direction	Nearest Town
	<u>23/4</u> Miles <u>Nw</u>	of New gorden
Telephone No. (101) 826 - 2141		5
Well / Bor	ehole Data	
Date drilling started: $5 \cdot 18^{-09}$ Date drilling completed: $5 \cdot 18^{-09}$	-09 Hole depth: 170'	Hole diameter: <u>6314</u>
Location of the source of any surface water used for drilling:		
Method of dosing and volume of Chlorine used in drilling and deve		
Logs run (circle all applicable) No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	Other:
Purpose of borehole (check one): Water Well Geotechnical/Geo	logical Investigation Ground	d Source Heat Pump
Seismic Survey Other (describ		lock
Purpose of Well (check one): Home <u>Industrial</u> Public Suppl		
If a flowing well, method of flow regulation: Valve 0	Other (describe)	
Static Water Level:feet above of below (circle one)	land surface Date measured:	5-18-09
Method of Measurement (circle one) steel tape electric tape	e air line other:	ring Ineight
Well depth: $() 0$ Well grouted to a depth of $\underline{l0}$ feet Typ	e of grout (circle one): Neat Cen	nent Bentonite Mix
Casing length: 160 feet Casing diameter: 4	inches Type of casing:	puc
Screen length: <u>19</u> feet Screen diameter: <u>4</u>	inches Type of screen:	puc
Screen slot size:	160 feet to	170 feet
Type of completion (circle all applicable): Gravel packed Unde	rreamed Telescoped Oper	n hole Natural Development
Other (describe):	m4	
Top of lap pipe or reduction in casing: feet. If the	elescoped or more than one scre	een, describe on next page
		Form: OLWR-SWR-1A (04/08)
		JUN 17 2009

, , t

BY: OLWR

The sketch below only required for water wells

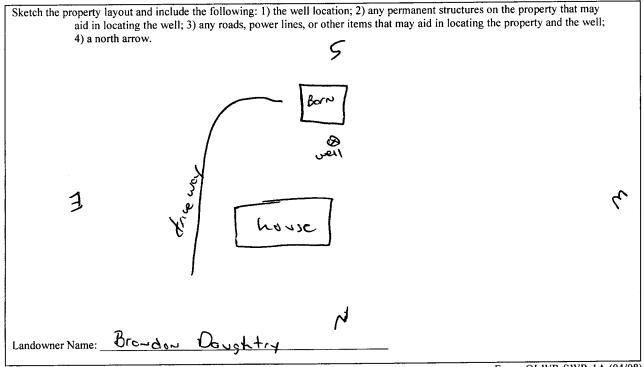




Description of formations encountered must be provided for all
wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
cley dert	Ground Level	15
red soud	15	18
grevel	18	50
white clay	50	75
Blue clay	25	125
white sound.	175	011
Land the second se	t	

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



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. ~~~ BECEIVED 6-15-09 Jones 0-620 w-Mason Signature of Licensee Print Name of Responsible Licensee and License No. Date JUN 17 2009

BY: OLWP

	STATE WELL REPORT	
County: Totc	Part 2 Pump Installer's Completion Report	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
Driller: Jones w-Mason	P.O. Box 2309 Jackson, MS 39225	Well #: 0.296
Date completed: <u><u>5-18-09</u> Copy information from block on Part 1</u>	(601)961-5210 (601)961-5228 (fax)	Elevation:
Copy mjor manore je on ober on 1 are 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
Owner Name: Brondon Dagetry	Latitude: 34.46.383 Longitude: 87.49.444

Mailing Address: 4297 countyline rd.	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	NE NW 4 Sec 3 T 45 R 6W
	Distance Direction Nearest Town
Telephone No. (901) 826-2141	J3/4 Miles NW of New gorden

Pump Type Circle one		Power Type Circle one			
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Rating of Motor:		{
Date Pump Installed:	5-18-	09	Setting Depth:	/00	feet
Rated Pump Capacity:		Gallons Per Minute	Number of Stages:	8	

Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested: 5-(3-09 Static Water Level (A): 77 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B):Feet Below Land Surface	Other (specify): <u>String Iweight</u>	
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate: <u>10</u> Gallons Per Minute	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): 24 hours	feet after <u>24</u> hours of pumping	

HEREBY CERTIFY that the above statements are true to the best o		
Jones W. Moson 0-620	for w. Man	RECEIVED
rint Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
	Form:	OLWR-SWR-1B (04/08)

BY: ON WER