	STATE	WELL REPORT			
county: Tote	SIAIL	Part 1	For Office Use Only:		
	מ	riller's Log	Well #:		
Permit #:	Mississippi Department of Environmental Quality		Aquifer:		
Driller: Janes w. Mason		nd and Water Resources 2.0. Box 2309	E-Log #:		
Date drilling completed: $9 - 2 - 14$		on, MS 39225-2309			
		601)961-5210 1)360-0535 (fax)			
		,	he work and filed with the		
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°36'58.43N Longitude: 90°06'57.65 W			
Owner Name: Darrell Dar			A. Conventional Suprav		
Mailing Address: 51 21 Huy	1.00		e): Conventional Survey,		
		USGS quad, Hand-held GPS, Survey-grade GPS			
Sautahia mi	38668	NE 1/ 5W 1/4, Sec_	26 <u>T 55 R 9</u> W		
<u>Senatobia</u> <u>MS</u> City State	Zip Code	114 Miles NE 0			
Telephone No. (901) 598-6		(Distance) (Direction)			
Well / Borehole Data Date drilling completed: $9 - 3 - 14$ Hole depth: $170'$ Hole diameter: $63/4$					
Location of the source of any surface w	vater used for drillin	וק: אוע אונא אונא			
Method of dosing and volume of Chlori	ne used in drilling a	nd development: $5pp\infty$	and greater		
Logs run (circle all applicable): No log r	un) Electric Gamr	na Ray Density Sonic Neutro	on Other:		
Name of organization running log(s):	NV		· · · · · · · · · · · · · · · · · · ·		
Purpose of borehole (circle one): Water	Well) Geotechni	cal/Geological Investigation	Ground Source Heat Pump		
Seism	ic Survey Other (describe)	······································		
If drilling is not rela	ated to water well c	onstruction, skip the remainder	of this block		
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture					
Other (describe): NA					
If a flowing well, method of flow regula	ation: Valve <u>~ \</u>	Other (describe)	A		
Static Water Level:					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): <u>string weight</u> .					
Well depth: <u>170</u> Well grouted to a depth of: <u>10</u> feet Type of grout (<i>circle one</i>): Neat Cement Bentonite Mix					
Casing length: 150 feet Casing diameter:inches Type of casing:					
Screen length: <u>20</u> feet Screen diameter: <u>-1</u> inches Type of screen: <u>pv C</u>					
Screen slot size: ,010 inches Setting depth: From 150 feet to 170 feet					
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing:feet					
If telescoped or more than one screen, describe on next page					

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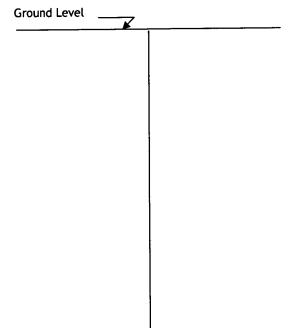
Form: OLWR-SWR-1A (4/13)

County:	 _
Permit #: _	 _

For Office Use Only:		
Well #:	E68	

The sketch below only required for water wells

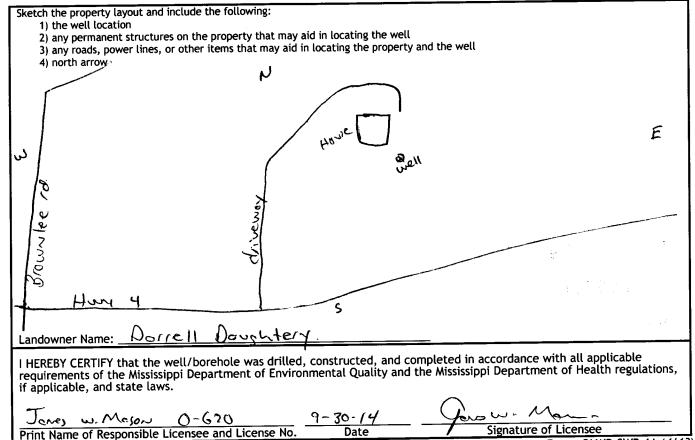
If well telescopes, show depths on sketch.



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)
	Ground level	75
white sound	25	ଌଌ
while sound	66	170
		·
······································		
	<u> </u>	
	<u> </u>	

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



Form: OLWR-SWR-1A (4/13)

	STATE WELL REPORT			
County: Tate	Part 2	For Office Use Only:		
Permit #:	Pump Installer's Completion Rep	ort Flox		
Driller: Janes w. Mason	Mississippi Department of Environmental Qu Office of Land and Water Resources			
Date completed: <u><u><u></u></u><u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u>	P.O. Box 2309 Jackson, 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 complete of the report must be attached and both	d by a licensed water well contractor or a licer parts filed with the Department at the above a	nsed pump installer. A copy of Part 1 ddress within 30 days of well completion.		
Well Owner Information Well Location				
Owner Name: Dorrell Dow	shtery Latitude: 343658.	<u>43</u> Longitude: <u>90°06'57, 65 ω</u>		
Owner Name: <u>Darrell Dow</u> Mailing Address: <u>5121 hwy</u>	시 Method of Lat/Long (ch	eck one): Conventional Survey,		
	USGS quad, Hand	-held GPS, Survey-grade GPS		
Senstable M		4, Sec. <u>26 T. 55 R. 9w</u>		
<u>Servotabio</u> City State	Zip Code I'ly Miles N	E of <u>Strayhorn</u> (Nearest Town)		
Telephone No. (<u>901) 598-60</u>	(Distance) (Direc	ction) (Nearest Town)		
	Pump Type (circle one)			
Submersible Turbine Air Lift Centrif	ugal Flowing Well Jet Piston Rotary O	ther (<i>describe</i>):		
Date Pump Installed: <u>9-3-14</u>	Rated Pump Capacity:	Gallons Per Minute		
Is This Pump (circle one): (New) Re				
	Power Type (circle one)			
Electric Diesel Gasoline Natural Gas	Tractor PTO Windmill Other (describe):			
Horse Power Rating of Motor:3/_	Setting Depth: <u>40</u> feet	Number of Stages:		
· · · · · · · · · · · · · · · · ·	Pump Test Data for Non Flowing Well			
Date Well Tested: <u>9-2-14</u>	Duration of Pump Test	(<i>minimum 4 hours</i>): <u> </u>		
Static Water Level (A): Fee	t Below Land Surface Pumping Water Leve	el (B): <u>NM</u> Feet Below Land Surface		
Drawdown [(B) - (A)]:N \A		te: IO Gallons Per Minute		
Method of measurement (circle one): S	teel tape Electric tape Air line Other (des	scribe): string weight		
Method of measurement (circle one). 5	Pump Test Data for Flowing Well			
Measured shut in head: $\nu \gamma$ feet				
Well yieldedGPM with a	drawdown of $\underline{\nu} $ feet after $\underline{2}$	√hours of pumping		
Meter Installation				
Meter Manufacturer: NIA	Meter Serial Num	nber: ~ ~ / ^		
	Type of Meter:			
Totalizer Register Unit and Multiplier Factor ($\Delta F \times .001$, gal x 1000, etc.):				
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.				
Town with the of Pump Installer and License No. (<i>if applicable</i>) Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Date Date Date Date Date Date Date Dignature of Pump Installer				
I Jamas we Mason Mr	-620 <u>9-30-14</u> (himstone of Dump Installor		

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