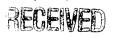
	State W	'ell Report 🔠 🖠	E 00 H 0 L
County: Take	Part 1 − I	Priller's Log	For Office Use Only:
county.		t of Environmental Quality	Aquifer: F 94
Permit #:		nd Water Resources	Well #:
Driller: Jones w. Mason		Box 2309 , MS 39225	
		961- 5210	L. S. Elevation:
Date drilling completed: 4-29-11	•	1- 5228 (fax)	E log #1
			E-log #:
State Law requires that this repor	t be prepared by the lice	ense holder responsible for t	he work and jued with the
Department at the above address Information on Well C			
(Landowner if borehole is not fo		6	5 . 7 1
		Latitude: 34° 11,091	" Longitude: 90°01, 300"
Owner Name wheeler Home	<u>)</u>		Constituted Comment
Mailing Address: Lot 34		Method of Lat/Long (circle or	e): Conventional Survey,
		USGS quad, Hand-held	GPS) Survey-grade GPS
136 Lute	(anc	NE 1/2 NW 1/4 Sec 3	Twn 55 Rng &
City State	38618	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Twii 32 Kiig 8 33
City Star	te Zip Code	Distance Direction	Nearest Town
Telephone No. (662) 342-92	4.2	Miles W	of coldmoter
Telephone No. (463)	1)		
	Well / Bore	hole Data	
Date drilling started: 4-29-11 Date dr.	illing completed: 4-39.	Hole depth: 185	Hole diameter: 63/4
Location of the source of any surface water	er used for drilling:	+	
Method of dosing and volume of Chloring	used in drilling and devel	opment:	
			Out.
Logs run (circle all applicable) No log run Name of organization running log(s):		Density Sonic Neutron	Otner:
Purpose of borehole (check one): Water W	ellGeotechnical/Geol	ogical Investigation Ground	Source Heat Pump
Seismic S	Survey Other (describe) <u>~~</u>	
If drilling is not related	to water well construction	n, skip the remainder of this blo	ock
Purpose of Well (check one): Home	ndustrial Public Supply	Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation			
Static Water Level:			
Method of Measurement (circle one) st			
Well depth: 187 Well grouted to a de			
Casing length: 17) feet Casin			•
Screen length: () feet Scre			•
Screen slot size: inches			
Type of completion (circle all applicable)			hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If tel	escoped or more than one scree	en, describe on next page

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



Description of formations encountered must be provided fo	<u>r all</u>
wells and boreholes, unless specifically exempted by regula	<u>tions</u>

If well telescopes, show dept	hs on sketch.
Ground Level	

Description of Formations Encountered	From (depth)	To (depth)
Clay dict	Ground Level	10
led sond	10	35
9128	35	70
Bl-e clay	70_	160
white soul	160	185
		ļ
		<u> </u>
		<u> </u>

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

Sketch the property layout and include the following: 1) the well locat aid in locating the well; 3) any roads, power lines, or other	tion; 2) any permanent structures on the property that may ner items that may aid in locating the property and the well;
4) a north arrow.	LOT 34
1	(v/Ee (me
~	
Landowner Name: wheeler hore;	
	Form: OLWR-SWR-1A (04/0

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

Duint Nam	a of Dacnonei	hle Lice	nsee and	License No.

4-30-11

Signature of Licensee

AY 2 6 **2011**

Date

RY OF WIS

STATE WELL REPORT Part 2

County: Tate Permit #: Driller: Joses J. Mason Date completed: 4-30-11 Copy information from block on Part 1

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309

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

For Office Use Only:
Aquifer:
Well #:
Elevation:

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 a	t the above address within 30 days of well completion.
Well Owner Information	Well Location
Owner Name: wheeler Homes	Latitude: 34.41.091 Longitude: 90.01.998
Mailing Address: <u>LNT</u> 34	Method of Lat/Long (check one): Conventional Survey,
136 Lute love	USGS quad, Hand-held GPS, Survey-grade GPS
Coldwater Ms 38618	NE 4 NW 4 Sec 3 T 53 R 8W
City State Zip Code	Distance Direction Nearest Town
Telephone No. (662) 393- 9293	31/2 Miles w of coldwoter

	Pump Typ 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):	m		Horse Power Ratir	ng of Motor:3/4	
Date Pump Installed	1: <u>4-30-</u>	<u>y</u>	Setting Depth:		feet
Rated Pump Capaci	ty:	Gallons Per Minute	Number of Stages	:	<u> </u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested:	Air Line Electric Measuring Line Steel Tape Other (specify): String luci, Lt For flowing well, measured shut in head:
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours	Well yielded _/ OGPM with a drawdown ofhours of pumping

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-IB-0-7-19
