····	State Well Report					
County: Tete	Part 1 – I	Priller's Log	For Office Use Only:			
	Mississippi Department of Environmental Quality		Aquifer: + 95			
Permit #:	Office of Land and Water Resources P.O. Box 2309		Well #:			
Driller: Jones Us Moson	Jackson, MS 39225					
Date drilling completed: 6-1-12		961- 5210	L. S. Elevation:			
Date driving completed.	(601)96	I- 5228 (fax)	E-log #:			
State Law requires that this repor	t be prepared by the lice	ا ense holder responsible for t	he work and filed with the			
Department at the above address	within 30 days of comp					
Information on Well C			rehole Location			
(Landowner if borehole is not fo	,	Latitude: 34 ° 40 , 42,0	3 Longitude: 90 ° C1 , 47.0,8			
Owner Name Wheeler Hun	ve z					
Mailing Address: 135 cherydo	le loop love	Method of Lat/Long (circle on				
LOT #11	•		GPS, Survey-grade GPS			
- 11	26/ 5	1/2 1/4 Sec 3	Twn 55 Rng 8w			
Coldwaler m	5 38618	SW NE Distance Direction	Nearest Town			
City Stat	e Zip Code	Miles W w	of coldwater			
Telephone No. (901) 830-363	٩٠					
	Well / Bore	hole Data				
Date drilling started: 6-1-12 Date dri	lling completed: 6-1-1	Hole depth: 170 '	Hole diameter: 63/4			
Location of the source of any surface water	r used for drilling:					
Method of dosing and volume of Chlorine	used in drilling and devel	opment:				
Logs run (circle all applicable): No log run Name of organization running log(s):		•	Other:			
Purpose of borehole (check one): Water W	ellGeotechnical/Geolo	ogical Investigation Ground	Source Heat Pump			
Seismic S	Survey Other (describe)	wh.				
If drilling is not related	to water well construction	n, skip the remainder of this blo	ock			
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:						
If a flowing well, method of flow regulation	n: Valve O	ther (describe)				
Static Water Level:63feet ab	ove or below (circle one) la	and surface Date measured:_	6-1-12			
Method of Measurement (circle one) steel tape electric tape air line other:						
Well depth: 178 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: 150 feet Casing diameter: 4 inches Type of casing: 600						
Screen length: 30 feet Screen diameter: 4 inches Type of screen: puc						
Screen slot size: Old inches Setting depth: From						
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 telescoped or more than one screen, describe on next page						
			Form: OLWR-SWR-1A (04/08)			

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JUN 2 8 2012

The	sketch	below	onlv	reauired	for	water wells

If well telescopes,	show	depths	on	sketch.
Ground Level-				

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

Description of Formations Encountered		To (depth)
red sand	Ground Level	15
grael red sand	15	JC
1ed sand	90	40
gravel	40	⟨or^
gravel Blue clay	65	130
		I

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

Sketch the property layout and include the following: 1) the well location aid in locating the well; 3) any roads, power lines, or other 4) a north arrow.	; 2) any permanent structures on the property that may tems that may aid in locating the property and the well;
cherrydole loop lue	houx St.
Jack St. J	E
D/006.3	(
Landowner Name: wheeler homes	3

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.	6-76-12	Gens W. Mosa.	RECEIVED
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	JUN 2 8 2012

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STATE WELL REPORT

Permit #: Driller: Javes w. Masan Date completed: 6-1-12 Copy information from block on Part 1

Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

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:				

Date completed: 6 1-12	(601)961-5210 (601)961-5228 (fax)		Elevation:	
Copy information from block on Part 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			staller A conv of Part 1 of the	
report must be attached and both parts file		t the above address within 30 da	ys of well completion.	
Well Owner Informat	ion	Well Location		
Owner Name: Wheeler Home	<u> </u>	Latitude: <u>34. 40. 42.03</u>	Longitude: 90.01.47.08	
Mailing Address: 135 cherydolo	c loop lare	Method of Lat/Long (check one): Conventional Survey,		
		USGS quad, Hand-held GPS, Survey-grade GPS		
coldwater My City State	38618 Zip Code	NE 1/2 NW 1/2 Sec 3 T 55 R 8W		
			Nearest Town	
Telephone No. $(^{901})$ 830 - 363	9	a Miles N us of Caldwater		
Pump Type Circle one			ver Type rcle one	
Air Lift Jet	Submersible	Diesel Engine Gasoline	e Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other (s	specify):	
Other (specify):		Horse Power Rating of Motor:	314	
Date Pump Installed: 6-1-12		Setting Depth: 100	feet	
Rated Pump Capacity: (\(\sqrt{\sq}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	Gallons Per Minute	Number of Stages: 8		
Pump Test Data		Method of Mea	suring Water Level	
Date Well Tested: 6-1-12		Cir	cle one	
		Air Line Electric Meas	uring Line Steel Tape	
Static Water Level (A): Feet Below Land Surface		Other (specify): String	(weight	
Pumping Water Level (B): Feet I		_		
Drawdown [(B) – (A)]:Feet 1	Below Land Surface	For flowing well, measured shu	ut in head: KA feet	
Test Pumping Rate: Gallons Per Minute		Well yielded ()	_GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	24 hours	feet after	hours of pumping	

	Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of	
	Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	
[
	I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.	
	Janes W. Mason 0-620	Jan W. Mason	
L	Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	/ED
		Form: OLWR-SWR-16 (04/08)	SERVE ESC.
	I HEREBY CERTIFY that the above statements are true to the best of Janes w. Moson 0-6-0	f my knowledge.	Æ[

JUN 28 **201**2