	State W	ell Report	To Office Hay Only	
County: Tate	Part 1 – <b>D</b>	Priller's Log	For Office Use Only:	
	Mississippi Department of Environmental Quality		Aquifer: (5 194	
Permit #:	Office of Land and Water Resources P.O. Box 2309		Well #:	
Driller: Janes W- Mason		, MS 39225	L. S. Elevation:	
Date drilling completed: 5-31-12		961- 5210	L. S. Elevation.	
	(601)96	I- 5228 (fax)	E-log #:	
State Law requires that this repor	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	<del></del>		or borehole.	
Information on Well C (Landowner if borehole is not fo			_	
` .	,	Latitude: 34 ° 39 , 671	" Longitude: 89 • 54 , 11,95"	
Owner Name Mike Wenue		Method of Lat/Long (circle or	ne): Conventional Survey,	
Mailing Address: Billingsley rd.		USGS quad, (Hand-held GPS) Survey-grade GPS		
appix. 3rd drue un	appix. 3rd drue way from end on it.  Sw 1/2 Sec 14 Twn 55 Rng			
Sentable M	3 <i>%</i> 66	SW 1/ NE 1/ Sec 17	Twn DS Rng /W	
Senatobia, M. City Stat	te Zip Code	Distance Direction	Nearest Town	
Telephone No. (901) 870 - 1770	<del> </del>	3374 Miles 17E	10 NEW +000	
	Well / Bore	hale Data		
- 21			(21)	
Date drilling started: 5-31-12 Date dri	illing completed: 5-3	1-12Hole depth: 125	Hole diameter: 6314	
Location of the source of any surface water Method of dosing and volume of Chlorine	er used for drilling:	opment: WA		
	_		-	
Logs run (circle all applicable): No log rur Name of organization running log(s):	Lectric Gamma Ray	Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water W	ell_Geotechnical/Geolo	ogical Investigation Ground	Source Heat Pump	
	Survey Other (describe)			
If drilling is not related	to water well construction	n, skip the remainder of this blo	<u>pck</u>	
Purpose of Well (check one): HomeIr	ndustrial Public Supply	Irrigation Fish Culture _	Other:	
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 50 feet above or below (circle one) land surface Date measured: 5-31-12				
Method of Measurement (circle one) steel tape electric tape air line other: string / weight				
Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 105 feet Casing diameter:				
Screen length: 30 feet Screen diameter: 4 inches Type of screen: 50				
Screen slot size:				
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)

## RECEIVED

JUN 28 2012

The sketch below only required for water wells

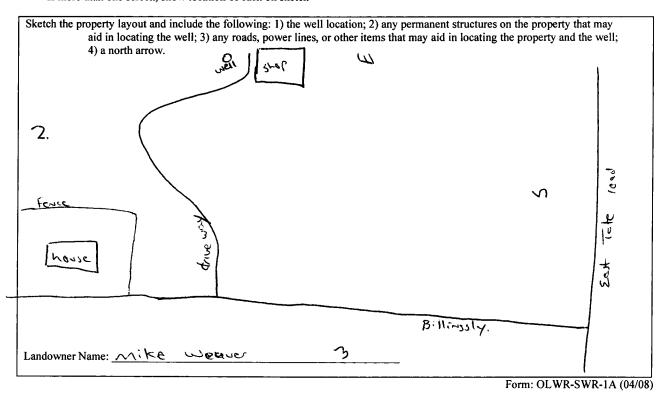
If well telescopes, show depths on sketch.

Ground Level	<b>Z</b>	 	
	i		
	l		

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

Description of Formations Encountered	From (depth)	To (depth)
clay dirt	Ground Level	01
Ird soud	10	35
buste soud	25	125
	ļ	
		ļi
	ļ <u> </u>	
		<u> </u>

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



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

Janes W. Moson 0-620	6-26-12	Jesu. Man-	RECEIVE
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	JUN 2 8 2012

BY: OLWR

## STATE WELL REPORT

## County: \_\_ Permit #: Date completed: 5-31-12

## Part 2

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

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

Copy information from block on Part 1		1-5228 (fax)	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 at the above address within 30 days of well completion.				
Well Owner Information		Well Location		
Owner Name: Mike weover		Latitude: 34 · 39 · 07 · 60 Longitude: 89 · 54 · 11 · 95		
Mailing Address: Billingsly	rd.	Method of Lat/Long (check one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Sw 1/4 NE 1/4 Sec 14 T 5s R 7w		
appix 3 rd diversi	ny from end of road.			
Senatobio MS City State	38668 Zip Code			
5.t.j	p	Distance Direction	Nearest Town	
Telephone No. (901) 870 - 177	0	23/4 Miles NE of New town		
			T	
Pump Type Circle one			ver Type role one	
Air Lift Jet (	Submersible	Diesel Engine Gasoline	e Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	•	specify):	
Other (specify):		Horse Power Rating of Motor:	3/4	
Date Pump Installed: 5-31-12		Setting Depth: 100	feet	
Rated Pump Capacity: 1 💍	Gallons Per Minute	Number of Stages: 8		
Pump Test Data			suring Water Level	
Date Well Tested: 5-31-12		Ci	rcle one	
Static Water Level (A): 125 Feet Below Land Surface		_	suring Line Steel Tape	
Pumping Water Level (B): Feet Below Land Surface		Other (specify): 5 tri~	st weight	
Drawdown [(B) – (A)]: Feet Below Land Surface		For flowing well, measured sho	ut in head:feet	
Test Pumping Rate: Gallons Per Minute		Well yielded / O	_GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	<u>JY</u> hours	feet after	24 hours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Form: OLWR-SWR-1B (04/08) Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable)