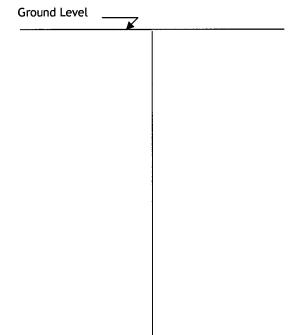
Driller: <u>James w Mosan</u> Date drilling completed: <u>5-6-13</u> State Law requires that this report be prepared <u>Department at the above address within 30 day</u> Well Owner Information (Landowner if borehole is not for a water we	<i>us of completion of drilling of the w</i> Well or E	E-Log #:
Department at the above address within 30 day Well Owner Information (Landowner if borehole is not for a water we	Department of Environmental Qual ce of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax) It by the license holder responsible f was of completion of drilling of the w Well or E	Aquifer: E-Log #: For the work and filed with the vell or borehole.
Driller: <u>James w Mosan</u> Date drilling completed: <u>5-6-13</u> State Law requires that this report be prepared <u>Department at the above address within 30 day</u> Well Owner Information (Landowner if borehole is not for a water we	ce of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax) It by the license holder responsible f ws of completion of drilling of the w Well or E	E-Log #:
State Law requires that this report be prepared Department at the above address within 30 day Well Owner Information (Landowner if borehole is not for a water we	Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax) It by the license holder responsible f os of completion of drilling of the w Well or E	for the work and filed with the vell or borehole.
Department at the above address within 30 day Well Owner Information (Landowner if borehole is not for a water we	l by the license holder responsible f ws of completion of drilling of the w Well or E	ell or borehole.
Department at the above address within 30 day Well Owner Information (Landowner if borehole is not for a water we	<i>us of completion of drilling of the w</i> Well or E	ell or borehole.
Well Owner Information (Landowner if borehole is not for a water we	Well or E	
(Landowner if borehole is not for a water we	1	Borehole Location
	(1) 100000034.32'42.42	
Owner Name: Brant Klart		Longitude: <u>89・58 '64.み)</u> で4
Mailing Address: <u>5204 hwy 51 No</u>		one): Conventional Survey
	USGS quad, Hand-he	ld GPS <u>///</u> , Survey-grade GPS
	5 ~ 1/2 Si 1/2 0	iec 20 V т 55 R 7
Senatobia MS 381 City State Zip		or senotobiq
Telephone No. ($\frac{66}{5}$) $501 - 3000 -$	(Distance) (Direction	
Logs run (<i>circle all applicable</i>): No log run Electric Name of organization running log(s): <u>NA</u> Purpose of borehole (<i>circle one</i>); Water Well G Seismic Survey		Ground Source Heat Pump
If drilling is not related to wate	er well construction, skip the remain	nder of this block
Purpose of Well (circle all applicable): Home Inc		
Other (describe):		
If a flowing well, method of flow regulation: Valv	e <u>N(A</u> Other (describe)	
Static Water Level: <u>65</u> feet [above or (circle	one) land surface Date meas	sured: <u>5-6-13</u>
Method of measurement (circle one): Steel tape		
Well depth: 140 Well grouted to a depth of:		
Casing length: 120 feet Casing diame		-
Screen length: 20 feet Screen diam	eter: <u> </u>	e of screen:へし
Screen slot size: <u>, O I O</u> inches Settin		
Type of completion (circle all applicable): Gravel p		· · · ·
Other (describe):NA		D V2 (2010)
Top of lap pipe or reduction in casing:	feet re than one screen, describe on new	BY: OLM

County:	
Permit #:	

For (Office Use Only:
Well #:	6175

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

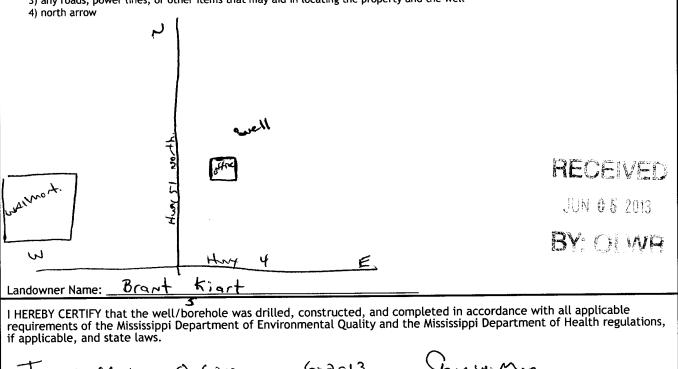
Description of Formations Encountered	From (depth)	To (depth)
	Ground level	90
Clay dirt white said	90	35
gravel	35	70
white clay	70	90
white clay white soud	90	140

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

Sketch the property layout and include the following:

1) the well location

- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well



Jores W. Mason ()-62()	6-2-13	Jus w. Mon
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee
		Form: OLWR-SWR-1A (4/13)

4	STATE W	ELL REPORT	
County: Tate	1	Part 2	For Office Use Only
Permit #:		r's Completion Report	•
Driller: Janes w. Masan		nent of Environmental Quality	Well #: <u></u>
Date completed: <u>5-6-13</u>		.O. Box 2309	
		n, MS 39225-2309	Aquifer:
Copy information from block on Part 1	· ·	601)961-5210) 360-0535 (fax)	
This part of the report must be complete of the report must be attached and both	ed by a licensed water	well contractor or a licensed pur	
Well Owner Informati		Well L	ocation
Owner Name: Browt Kiar	+	Latitude: <u>34・3フリイン.4ン</u> Lon	gitude: <u>89,58'04,21</u>
Mailing Address: 5204 hwy		Method of Lat/Long (check one)	
		USGS quad, Hand-held GI	PS, Survey-grade GPS
Senatohia Ms City State	3 8668	5w 1/4 Sw 1/4. Sec	20 T_55 R 7W
City State	Zip Code	() Miles in at	senatobio
Telephone No. (<u>667) _ 501 - みのの</u>	0	Ø Miles <u>i</u> √ of (Distance) (Direction)	(Nearest Town)
	Pump Tyr	e (circle one)	
Submersible Jurbine Air Lift Centrif			cribe).
Date Pump Installed: <u>5-6-1</u>			Gallons Per Min
Is This Pump (circle one): New Rep			
		be (ci rcle one)	
Electric Diesel Gasoline Natural Gas			
Horse Power Rating of Motor:!	Setting Dept	h: <u>100</u> feet Number	of Stages: <u>8</u>
	Pump Test Data 1	for Non Flowing Well	
Date Well Tested: $5 - 6 - 13$		Duration of Pump Test (minim	um 4 hours): ƏЧ hou
Static Water Level (A): Feel			
			A -
Drawdown [(B) - (A)]:الم			
Method of measurement (circle one): St			string weight
· · ·	•	a for Flowing Well	
Measured shut in head: $\underline{\sim} \\ \underline{\sim} $			
Well yielded GPM with a d	Irawdown of	A feet after <u>귀.</u>	hours of pumping
	Meter I	nstallation	
Meter Manufacturer:			NIA
Meter Model Number/Name:	JA	Type of Notors	NA MATRICA
		Type of meter:	S Straw Section 1
Totalizer Register Unit and Multiplier Fa	actor (AF x .001, gal	x 1000, etc):	IN BED
Totalizer Register Unit and Multiplier Fa	Meter installed by: _		000 V C L
s This Meter (circle one): New Rep			BYCHV
s mis meter (en ele one). Men mer		rtifying that this mater was instal	Garden - Angel San -
Important: By submitting the above in	formation you are cel ral wells, a list of app	roved meters is on the MDEQ we	bsite.
Important: By submitting the above in	ral wells, a list of app	roved meters is on the MDEQ we	bsite.
Important: By submitting the above inj For agricultur	ral wells, a list of app ments are true to the	e best of my knowledge.	bsite.