	State W	ell Report		
County: Tate		Driller's Log	For Office Use Only:	
	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:		nd Water Resources Box 2309	Well #:L 43	
Driller: Jones w. Mason	Jackson	, MS 39225	L. S. Elevation:	
Date drilling completed: 3-19-,13		961- 5210 1- 5228 (fax)		
	, ,		E-log #:	
State Law requires that this report Department at the above address	t be prepared by the lice	ense holder responsible for t detion of drilling of the well	the work and filed with the for horehole.	
Information on Well (			rehole Location	
(Landowner if borehole is not fo	or a water well)	ال. 31, 33، 34، 33، 15.4	13 Langituda 90 0 03 , 40,21	
Owner Name Wayne Smith			Longitude: $\frac{90 \circ 03}{40}$ , $\frac{40.2}{40}$	
Mailing Address: 3588 Take		Method of Lat/Long (circle or	ne): Conventional Survey,	
Mailing Address: 3366 / 476	1 620014 14.	USGS quad, Hand-held	GPS, Survey-grade GPS	
		SW 1/3E 1/ Sec 17	Twn 65 Rng 8 W	
( $\circ \sim \circ$ City Sta	38619			
City Sta	te Zip Code	Distance Direction	Nearest Town of Crockett	
Telephone No. (901) 388-1883	<del></del>			
	Well / Bore	hole Data		
Date drilling started: 349.13 Date dr	illing completed: 3-19-	13 Hole depth: 155'	Hole diameter: (63/4	
Date drilling started.	ining completed.	Hole deptil	Tiole diameter.	
Location of the source of any surface water Method of dosing and volume of Chloring	er used for drilling:ce used in drilling and devel	opment: NA		
Logs run (circle all applicable): No log ru Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water W	ell <u> </u>	ogical Investigation Ground	Source Heat Pump	
Seismic Survey Other (describe)				
If drilling is not related	to water well construction	n, skip the remainder of this blo	ock	
Purpose of Well (check one): Home I	ndustrial Public Supply	Irrigation_ Fish Culture	Other:	
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level:it Ofeet above or below (circle one) land surface Date measured:3 - 20 - 13				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 155 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 135 feet Casing diameter: 4 inches Type of casing: pvc				
Screen length: $\frac{\partial \mathcal{O}}{\partial \mathcal{O}}$ feet Screen diameter: $\frac{\mathcal{O}}{\partial \mathcal{O}}$ inches Type of screen: $\frac{\mathcal{O}}{\partial \mathcal{O}}$				
Screen slot size:				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
	Other (describe):	NA		

Top of lap pipe or reduction in casing: \_\_\_\_\_\_feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SYE-A 10408

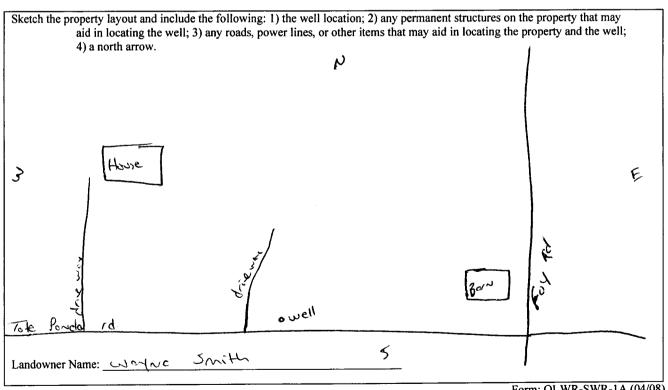
The.	sketch	helow	only	required	for	water	wells

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

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)
clay dirt.	Ground Level	25
Blue Clay	95	100
while soud	100	130
while soud	130	155
	<del>                                     </del>	1
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		1
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If more than one screen, show location of each on sketch



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 the Mississippi Department of Health regulations, if applicable, and the Mississippi Department of Health regulations, if applicable, and the Mississippi Department of Health regulations, if applicable, and the Mississippi Department of Health regulations, if applicable, and the Mississippi Department of Health regulations, if applicable, and the Mississippi Department of Health regulations, if applicable, and the Mississippi Department of Health regulations, if applicable, and the Mississippi Department of Health regulations, if applicable, and the Mississippi Department of Health regulations are the second department of Health regulations.

APR 1 8 2013

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

BY: OLWA

## STATE WELL REPORT Part 2

## County: Tate Permit #: Mississipp Offi Driller: Javes w Mason

Date completed: 3-20-13

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

P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

For Office Use Only:		
Aquifer:		
Well #:	L43	
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: Worke Smith	Latitude: 34.33, 15.43 Longitude: 90.03.40.21		
Mailing Address: 3588 take Panalo rd	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
(1000 M) 38619	SW 1/2 SE 1/2 Sec 17 T 65 R 8W		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (941) 288-1883	4314 Miles SE of Crockett		

	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):			Horse Power Ratin	ng of Motor: 11/2	hp.
Date Pump Installed:	3-20-13		Setting Depth:	140	feet
Rated Pump Capacity	v: <u>20</u>	Gallons Per Minute	Number of Stages:	11	

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 3-20-13			
1	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A):Feet Below Land Surface	Other (specify): String / weight		
Pumping Water Level (B): Feet Below Land Surface	,		
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head: feet		
Test Pumping Rate: Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	Na feet after 24 hours of pumping		
	Land Boom by lines I of the		

I		•	D K MENNE ACTOR OF A L	-
	I HEREBY CERTIFY that the above statements are true to the best of my know	vledge.	APR 1 8 20	)1B
	5475	fers in Man		
	Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-		
		Form: OLWR	SWR-1B (04/08	<b>)</b> **