State Well Report					
County: 1ate	ľ	Driller's Log	For Office Use Only:		
·	Mississippi Department of Environmental Quality		Aquifer:		
Permit #:	Office of Land a	and Water Resources	Well #: \D - 37		
Driller: Jones us Mason.		Box 10631	Well#:		
Date drilling completed: 11-4-06	,	IS 39289-0631	L. S. Elevation:		
Date di tilling completed: 11 (106		961-5210			
	(001)33	4-6938 (fax)	E-log #:		
State Law requires that this repor Department at the above address	t be prepared by the lice within 30 days of comp	ense holder responsible for t eletion of drilling of the well	he work and filed with the or borehole.		
Information on Well C)wner	Well or Bo	rehole Location		
(Landowner if borehole is not fo	or a water well)				
Owner Name GENE BOYd.		Latitude: 94 • 33 , 803	" Longitude: <u>29 • 43 · 798"</u> c): Conventional Survey,		
į į		Method of Lat/Long (circle on	e): Conventional Survey		
Mailing Address 360 Tyre Tu	athic rd	Mound of East Long (chere on	Conventional Survey,		
(USGS quad, (Hand-held	GPS Survey-grade GPS		
	······		Twn 65 Rng 500		
Ms sidebas 8	381068		V Twn 65 Rng 265		
Schools Ms City State	e Zip Code	NE Distance Direction	Nearest Town		
mi + 2 Co + 121 - 00		13/4 Miles _ SW 0	of Tyro		
Telephone No. (701) $(31-09)$	(4)				
	Well / Bore	hole Data			
			21.		
Date drilling started: 11-4-06 Date dril	lling completed: (1-4-6	Hole depth: 230	Hole diameter: 6 314 -		
Location of the source of any surface water	eneed for drilling. As A				
Method of dosing and volume of Chlorine	used in drilling and devel	onment. 61 A			
	-				
Logs run (circle all applicable): No log run	Electric Gamma Ray	Density Sonic Neutron (Other:		
Name of organization running log(s):	r _M				
Purpose of borehole (check one): Water Wa	ell - Geotechnical/Geolo	gical Investigation Cound	Correct Hook Province		
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump					
	urveyOther (describe)				
If drilling is not related	to water well construction	, skip the remainder of this blo	ck		
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 200 feet above & below (circle one) land surface Date measured: 1100 9-06					
Method of Measurement (circle one) steel tape electric tape air line other: String weight					
Well depth: 330 Well grouted to a depth of 16 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length:					
Screen length: 10 feet Screen diameter: 1 inches Type of screen: 10					
Screen slot size: , O(O) inches Setting depth: From 300 feet to 330 feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					

Other (describe): ______

Top of lap pipe or reduction in easing: ________feet. If telescoped or more than one screen, describe on next page

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The sketch	below	only r	eguired	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	90
red Soud	96	45
white soud	45	140
white clay	140	145
white soud	145	930

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

Sketch the property layout and inc aid in locating the we 4) a north arrow.	lude the following: 1) the well location; 2) any permanent structures ell; 3) any roads, power lines, or other items that may aid in locating	on the property that may the property and the well;
4) a norm arrow.	€	
	(obin)	
ν.	المعنى على المعنى المعن	•
	33.	
Landowner Name: (56~6	Boyd.	-

Form: OLWR-SWR-1A

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

Print Name of Responsible Licensee and License No.

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STATE WELL REPORT

Part 2

County: Total

Pump Installer's Completion Report Office of Land and Water Resources P.O. Box 10631

For Office Use Only:			
Aquifer:			
Well #:	0 -37		
Elevatio	n:		

Permit #: Mississippi Department of Environmental Quality Driller: Joses W. Moron Jackson, MS 39289-0631 Date completed: 11-9-06 (601)961-5210 (601)354-6938 (fax) 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 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: (reve Boyd. Latitude: 34-33665 Longitude: 85.43 Mailing Address: USGS quad____, Hand-held GPS___, Survey-grade GPS__ SE 45W 4 Sec 16 T 65 R Distance Direction Nearest Town Telephone No. (<u>Gol</u>) 831- 0947 13/4 Miles Sw of Tueso **Pump Type Power Type** Circle one Circle one Air Lift let Submersible Diesel Engine Gasoline Engine Natural Gas Electric Motor Bucket Piston **Turbine** Hand Tractor PTO Other (specify): Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: Date Pump Installed: 11 - 9 - 06 938. Setting Depth: Rated Pump Capacity: (> Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: 11-9-06 Air Line **Electric Measuring Line** Steel Tape Static Water Level (A): 300 Feet Below Land Surface Other (specify): String | weigh Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) – (A)]: _______ Feet Below Land Surface For flowing well, measured shut in head: NA feet (9 Test Pumping Rate: Well yielded Gallons Per Minute GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best	RECEIVE	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
Time trains of Lamp manner and around the Appendix	Difference of 1 and 1 an	Form: OLWR-SWR-9B2006

BY: OLWA