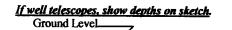
	State W	/ell Report				
County: TunicA	Part 1 – I	Driller's Log	For Office Use Only:			
Permit #: <u>GW-44745</u>	innosiooippi ocpaianci	nt of Environmental Quality	Aquifer.			
Permit #: <u>GW-44743</u>		nd Water Resources Box 2309	Well#: H43			
Driller. De Ha Ailling at Tunia	Jackson	n, MS 39225	L. S. Elevation:			
Date drilling completed: 3-27-12		961- 5210 1- 5228 (fax)	E-log #:			
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 within 30 days of completion of drilling of the well or borehole.						
Information on Well C	Iwner		orchole Location			
(Landowner if borehole is not for a water well)		I stitude: NEG 0 4/A , 1.0A	" Longitude 10 4 ° 16 ' 20 "			
Owner Name Frencis A. Mye	Frencis A. Myers		Latitude: <u>1/34 ° 1/0 ' 6/0</u> " Longitude: <u>1/0 ° 1/6 ' 8/1</u> " 39 Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: 1215 Delta St	Dwner Name Frencis A. Mycis Mailing Address: 1215 Cetta St.		Method of Lat/Long (circle one): Conventional Survey,			
			USGS quad, Hand-held GPS Survey-grade GPS			
Train Mr.	331.71	<u>NE 1/4 SW 1/4 Sec_5</u>	Twn_55_Rng_/0W			
<u>Turnica</u> Ms. City Stat	e Zip Code	Distance Direction	Nearest Town			
		<u>6</u> Miles East	Nearest Town of <u>TunicA</u> , Ms.			
Telephone No. ()						
	Well / Bore	hole Data				
Date drilling started: <u>7-27-12</u> Date dri	lling completed: 3-27-	12 Hole depth: 100	Hole diameter: 27 "			
Location of the source of any surface water Method of dosing and volume of Chlorine	r used for drilling: Fire	hydient I mile west				
Method of dosing and volume of Chlorine	used in drilling and devel	opifient:				
Logs run (circle all applicable): No log run Name of organization running log(s):	Plectric Gamma Ray	Density Sonic Neutron	Other:			
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump						
Seismic SurveyOther (describe)						
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:						
Method of Measurement (circle one) steel tape electric tape air line other:						
Well depth: 100 Well grouted to a dep	oth of <u>10</u> feet Type	of grout (circle one): Neat Cem	ent Bentonite) Mix			
Casing length: <u>60</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PWL</u>						
Screen length: <u>40</u> feet Scree						
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 teld	<u>escoped or more than one scree</u>	n, describe on next page			
	<u> </u>		Form: OLWR-SWR-1A (04/08)			
		RECEIVED	MAY 17 LUIZ			
		NAV 4 7 9817	1 W 1 / 2012			
		MAY 17 2012	BY: OLWR			
		BY: OLWR				

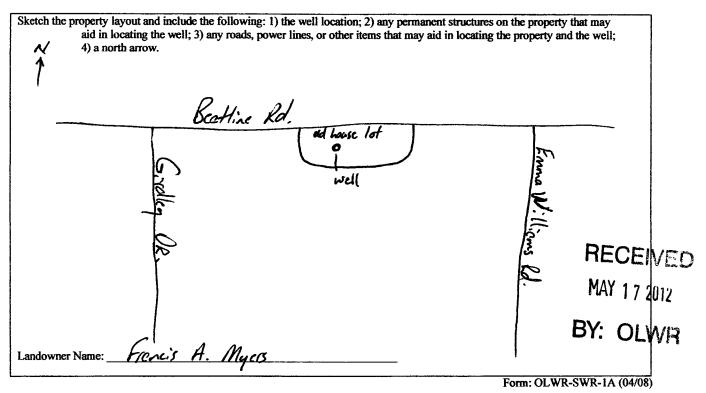
The sketch below only required for water wells



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	Ground Level	40
Clay/ tinc send	41	44
Contes send : growd	45	100
/		

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

lav Shockley # 2561 4-15-12 Chris

Ć Signature of Licensee

Print Name of Responsible Licensee and License No.

	STATE WI	ELL REPORT	
County: <u>Terric A</u> Permit #: <u>GW-44745</u> Driller: <u>Della Ailling of Turric</u> A Date completed: <u>3-27-12</u> <u>Copy information from block on Part 1</u> This part of the report must be completed and report must be attached and both parts file Well Owner Information	Pump Installer's Mississippi Departmen Office of Land a P.O. Jackson (601) (601)96 by a licensed water well of d with the Department of on	<u>t the above address within 30 de</u>	For Office Use Only: Aquifer: Well #: <u>H43</u> Elevation: I Location
Owner Name: Floreis A. Maye Mailing Address: <u>1215 Della S</u> <u>Turrica Ms.</u> City State Telephone No. ()	371/71 Zip Code	Method of Lat/Long (check on USGS quad, Hand-held <u>NE</u>	GPS, Survey-grade GPS
Pump Type Circle one Air Lift Jet Bucket Piston Centrifugal Rotary Other (specify):	Flowing Well	Ci Diesel Engine Gasolin Electric Motor Hand	specify):
Pump Test Data Date Well Tested:	Below Land Surface Below Land Surface Below Land Surface Gallons Per Minute	Ci Air Line Electric Meas Other (specify): For flowing well, measured shi Well yielded	ut in head:feet
I HEREBY CERTIFY that the above stateme <i>Chris Shackley</i> 4 256/ Print Name of Pump Installer and License N	•	f my knowledge	staller Form: OPWR-SWR-1B (04/

MAY 1 7 2012

BY: OLWR