, , , , , , , , , , , , , , , , , , ,	STATE WELL REPORT		110			
County: Adams	Part 1		For Office Use Only:			
Permit #:	Driller's Log		Well #:			
Driller: James M. Wells	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:			
Date drilling completed: 7-17-18	P.O. Box 2309  Jackson, MS 39225-2309		E-Log #:			
	1	(601)961-5210				
State I am requires that this second		01)360-0535 (fax)				
State Law requires that this report Department at the above address w	them so days of ce	e license holder responsible for the mall of the well of the mell of the well	e work and filed with the r borehole.			
Well Owner Informat (Landowner if borehole is not for	เดก	Well or Borel	nole Location			
Owner Name: Sores Lun		Latitude: 31°34, 21 Mon	gitude: 91022.04W			
Mailing Address:		31-34-21 C11-22-04 Method of Lat/Long (check one): Conventional Survey				
2438 Hwy 981	-	USGS quad, Hand-held GPS, Survey-grade GPS				
(a) 150 ppg 101	79110	1				
City State	7929 Zip Code					
Telephone No. ()	_,p	Miles of (Distance) (Direction)	(Nearest Town)			
		(Direction)	(Nearest Town)			
Date drilling started: 7-17-18 Date of Date of any surface with	drilling completed:	orehole Data 7-/7-18 Hole depth: 105	Hole diameter: 76"			
Method of dosing and volume of Chlorin	e used in drilling a	nd development: <u>Granule</u>	chlorine			
Method of dosing and volume of Chloring on the log rule of color of the log rule of the log ru	e usėd in drilling ai	nd development: <u>Granule</u>	chlorine Other:			
Method of dosing and volume of Chloring logs run (circle all applicable) No log rull lame of organization running log(s):	e used in drilling and	nd development: <u>Granule</u> na Ray Density Sonic Neutron	Chlorine Other:			
Method of dosing and volume of Chloring ogs run (circle all applicable) No log run lame of organization running log(s):	e used in drilling and Electric Gamm	nd development: <u>Granule</u> na Ray Density Sonic Neutron	Other:ound Source Heat Pump			
Method of dosing and volume of Chloring ogs run (circle all applicable) No log rullame of organization running log(s): urpose of borehole (circle one) Water (Seismic	e used in drilling and Electric Gamm  Well Geotechnic Survey Other (a	nd development: <u>Granule</u> na Ray Density Sonic Neutron  cal/Geological Investigation Gr  describe)	Other:ound Source Heat Pump			
Method of dosing and volume of Chloring ogs run (circle all applicable) No log rullame of organization running log(s):  Turpose of borehole (circle one) Water was Seismic first and related the control of the c	e used in drilling and Electric Gamm  Well Geotechnic  Survey Other (content of the content of t	nd development: <u>Granule</u> na Ray Density Sonic Neutron cal/Geological Investigation Gr	Other:ound Source Heat Pump			
Method of dosing and volume of Chloring Logs run (circle all applicable) No log run lame of organization running log(s):  Lurpose of borehole (circle one): Water No  Seismic  If drilling is not relate  urpose of Well (circle all applicable): He	e used in drilling and Electric Gamma  Well Geotechnic Survey Other (and the survey well come and the survey of th	nd development: Granule  na Ray Density Sonic Neutron  cal/Geological Investigation Gr  describe)  nstruction, skip the remainder of  Public Supply Irrigation Fis	Other:ound Source Heat Pump			
Method of dosing and volume of Chloring Logs run (circle all applicable) No log run lame of organization running log(s): Lurpose of borehole (circle one)  Seismic  If drilling is not relate  urpose of Well (circle all applicable): He ther (describe):	Electric Gamm  Well Geotechnic Survey Other (come Industrial	na Ray Density Sonic Neutron  cal/Geological Investigation Gr  describe)  nstruction, skip the remainder of  Public Supply Irrigation Fish	Other:ound Source Heat Pump			
Method of dosing and volume of Chloring Logs run (circle all applicable) No log run Lame of organization running log(s): Lurpose of borehole (circle one) Water No Seismic  If drilling is not relate  urpose of Well (circle all applicable): He ther (describe):  a flowing well, method of flow regulate	Electric Gamm  Well Geotechnic Survey Other (and to water well comme Industrial  ion: Valve	na Ray Density Sonic Neutron  cal/Geological Investigation Gr  describe)  nstruction, skip the remainder of  Public Supply Irrigation Fish	Other:ound Source Heat Pump  Filis block In Culture  SEP 19 2			
Method of dosing and volume of Chloring Logs run (circle all applicable) No log run Lame of organization running log(s): Lurpose of borehole (circle one): Water No Seismic  If drilling is not relate  urpose of Well (circle all applicable): He ther (describe):  a flowing well, method of flow regulate atic Water Level:	Well Geotechnic Survey Other (come Industrial ion: Valve	na Ray Density Sonic Neutron  cal/Geological Investigation Gr  describe)  nstruction, skip the remainder of  Public Supply Irrigation Fis  Other (describe)  land surface Date measured:	Other:ound Source Heat Pump  Filis block Culture SEP 19 2			
Method of dosing and volume of Chloring Logs run (circle all applicable) No log run Lame of organization running log(s): Lurpose of borehole (circle one) Water No Seismic  If drilling is not relate  urpose of Well (circle all applicable): He ther (describe):  a flowing well, method of flow regulate	Electric Gamm  Well Geotechnic Survey Other (content of the survey)  The survey of the survey of the survey of the survey  The survey of the s	na Ray Density Sonic Neutron  cal/Geological Investigation Gr  describe)  nstruction, skip the remainder of  Public Supply Irrigation Fis  Other (describe)  land surface Date measured:  pe Air line Other (describe):	Other:  Ound Source Heat Pump  Fthis block  Culture  SEP 19 2			

Screen diameter: \_\_\_\_\_inches

Setting depth: From \_

Type of completion (circle all applicable) Gravel packed Underreamed

Screen length: 30

Other (describe):\_\_

Screen slot size: .008

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

Form: OLWR-SWR-1A (4/13)

Natural Development

Open hole

County: Adams Permit #:			i i	r Office Use	Only:
The sketch below only required for water below on sketch.	w <u>ells</u>		mations encountered less specifically exem		
		Description of Form	nations Encountered	From (depth)	To (depth)
Ground Level			topsoil	Ground level	
			clay	<del>                                     </del>	70
			5 and	70	105
-					
				-	
				<del> </del>	
[					
				-	
				<del>                                     </del>	}
				<del></del>	<del> </del>
			•		
If more than one screen, show location of each or	n sketch				<u></u>
Sketch the property layout and include the follow  1) the well location  2) any permanent structures on the property  3) any roads, power lines, or other items that  4) north arrow	that may a	id in locating the well locating the property	and the well		
	xwell				
	1 00011			RECE SEP 1	WED
				PECL	1 1
					a 2018
		/		Sur	
Į.				57	19 2010 DLWR
			-		
			<u>-</u> .		
,					
Landowner Name: Sones Lu	mber				
I HEREBY CERTIFY that the well/borehole warequirements of the Mississippi Department of applicable, and state laws.	as drilled,	constructed, and comental Quality and	ompleted in accordan the Mississippi Depar	ce with all appl tment of Health	icable regulations,
		0 ~			
Tames In, Wells 00058  Print Name of Responsible Licensee and Lice	<del></del>	9-16-18 Date	Signatu	re of Licensee	<u> </u>

Form: OLWR-SWR-1A (4/13)

## STATE WELL REPORT

## Permit #: Driller: James M. Wells Date completed: 7-17-18 Copy information from block on Part 1

## Part 2

## Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:				
Well #:	C.119			
Aquifer: _	- <del>-</del>			

	This part of the report must be completed by a licensed water	well contractor or a licensed pump installer. A copy of Part I						
	of the report must be attached and both parts filed with the D	epartment at the above address within 30 days of well completion.						
	Well Owner Information	Well Location						
Participation of the Control	Owner Name: Jones Lumber	Latitude: 31°34.31 NLongitude: 91° 22,04W						
	Mailing Address:	Method of Lat/Long (check one): Conventional Survey,						
	2438 Hwy 98E	USGS quad, Hand-held GPS, Survey-grade GPS						
	Columbia MS 39429 State Zip Code	12 1/2 1/2 1/2 Sec 12 T 7/2 R 3W						
	City State Zip Code	1						
	Telephone No. ()	Miles of (Distance) (Direction) (Nearest Town)						
	Pump Type (circle one)							
(	Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):							
	Date Pump installed: 7-17-18 Rated Pump Capacity: 45 Gallons Per Minute							
	Is This Pump (circle one): New Repaired Replacement							
		pe (circle one)						
(	Electric Diesel Gasoline Natural Gas Tractor PTO Win							
	Horse Power Rating of Motor: Setting Depth:feet Number of Stages:							
	Pump Test Data for Non Flowing Well							
	Date Well Tested: 7-17-18 Duration of Pump Test (minimum 4 hours): 4 hours							
	Static Water Level (A): 65 Feet Below Land Surface Pumping Water Level (B): 75 Feet Below Land Surface							
	Drawdown [(B) - (A)]: 75 Feet Below Land Surface Test Pumping Rate: 75 Gallons Per Minute							
	Method of measurement (circle one); Steel tape Electric tape Air line Other (describe):							
	Pump Test Data for Flowing Well							
	Measured shut in head:feet.							
	Well yieldedGPM with a drawdown of	feet afterhours of pumping						
	Meter Installation							
	Meter Manufacturer:	Meter Serial Number:						
	Meter Model Number/Name:	Type of Meter:						
	Totalizer Register Unit and Multiplier Factor (AF x .001, gal	x 1000, etc):						
	Installation Date: Meter installed by:							
	Is This Meter (circle one): New Repaired Replaceme	ent						
	Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.  For agricultural wells, a list of approved meters is on the MDEQ website.							
	I HEREBY CERTIFY that the above statements are true to th	e best of my knowledge.						
1		· · · · · · · · · · · · · · · · · · ·						

Print Name of Pump Installer and License No. (if applicable)

9-16-18 Date

Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)