County: _		
Permit #:	6-M-1133-1	_
Driller: _		
Date drilli	ng completed:	<u>: 13</u>

STATE WELL REPORT Part 1

Driller's Log
Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210

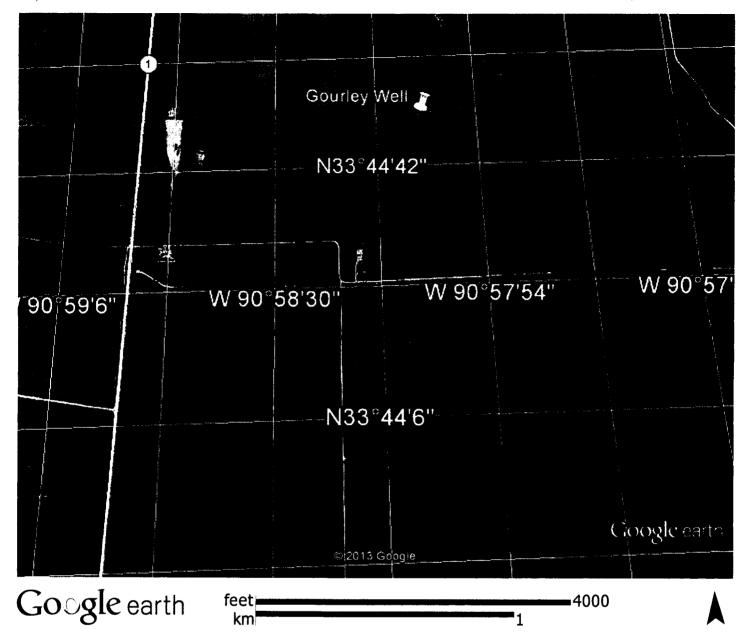
For Office Use Only:
Aquifer:
E-Log #:

Latitude:Longitud	Well Owner Information	Well or Borehole Location		
Method of Lat/Long (check one): Conventional Survey		· · · · · · · · · · · · · · · · · · ·		
Well / Borehole Data Date drilling started:	Owner Name:			
14		. ,		
State Zip Code Miles (Direction) (Nearest Town)				
Mell / Borehole Data Mell / Borehole Mell / Borehole Data Mell / Borehole Data Mell / Borehole Mell / Borehole Data Mell / Borehole Data Mell / Borehole Mell / Borehole				
Well / Borehole Data Date drilling started: Date drilling completed: Hole depth: Hole diameter: Date drilling started: Date drilling completed: Hole depth: Hole diameter: Date drilling started: Date drilling completed: Hole depth: Hole diameter:				
Date drilling started: Date drilling completed: Hole depth: Hole diameter:	Telephone No. (2) 300 - 333	(Distance) (Direction) (Nearest Town)		
Average of the source of any surface water used for drilling:	Well / I	Borehole Data		
Method of dosing and volume of Chlorine used in drilling and development: Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture Other (describe): If a flowing well, method of flow regulation: Valve Other (describe) Static Water Level: feet [above or Delow) land surface Date measured: (circle one): Steel tape Electric tape Air line Other (describe): Well depth: Well grouted to a depth of: feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: feet Casing diameter: inches Type of casing: Screen length: feet Screen diameter: inches Type of screen: feet Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development Other (describe): feet Open hole Natural Development	Date drilling started: Date drilling completed	l: Hole depth: Hole diameter:		
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Seismic Survey Other (describe)	Name of organization running log(s):			
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Form: OI WR-SWR-1A (4/13)

		L	· · · · · · · · · · · · · · · · · · ·	
<u>he sketch below only</u>	required for water wells	Description of formations encountered must be provided for all want and boreholes, unless specifically exempted by regulations		
f well telescopes, show	v depths on sketch.	Description of Formations Encountered	From (depth)	To (depth)
round Level			Ground level	
10'	14 ¹⁷	· (1)		
and the second s	The second section of the second section of the second section of the second section s	30. 2 3.003	3 - 1	
		And the speece of the		
	S. C. P. S. C. S. C.			
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والمراوية والمرا	The second secon			
	·			
	how location of each on sketch			
 the well location any permanent stru 	and include the following: ctures on the property that may aines, or other items that may aid in	d in locating the well locating the property and the well		
	·			
			R	ECEIV
ndowner Name:			M	ECEIV AY 2 0 20 ': OLW

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



RECEIVED

MAY 2 0 2013

BY: OLWR

Driller: Jouny Peacock SV Date completed: 4-24 Copy information from block on Part 1

STATE WELL REPORT

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 #:
Aquifer:

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.		
Well Owner Information 1	Well Location		
Owner Name: Gourley Joint Venture	Latitude <u>33-44-/0</u> Longitude: <u>90-58-3-3</u>		
Mailing Address: 2347 Sm4//wood rd.	Method of Lat/Long (check one): Conventional Survey,		
Jackson MS 39211 City State Zip Code Telephone No. 601 506-5531	USGS quad, Hand-held GPS, Survey-grade GPS, SE		
Pump Typ	oe (circle one)		
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):		
Date Pump Installed: 4-24-13	lated Pump Capacity: <u>2400</u> Gallons Per Minute		
Is This Pump (circle one): (New) Repaired Replacemen	t		
	pe (circle one)		
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	i i i i i i i i i i i i i i i i i i i		
Horse Power Rating of Motor: 50 Setting Dept	h: 80feet Number of Stages:/- / 0 "		
Pump Test Data (for Non Flowing Well		
Date Well Tested:	Duration of Pump Test (minimum 4 hours): hours		
	Pumping Water Level (B):Feet Below Land Surface		
Drawdown [(B) - (A)]:Feet Below Land Surfa	ace Test Pumping Rate:Gallons Per Minute		
Method of measurement (circle one): Steel tape Electric ta			
·	a for Flowing Well		
Measured shut in head:feet.			
Well yieldedGPM with a drawdown offeet 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 Replacement			
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 the	best of my knowledge		1
J 0 1/ C 421170	-212	Hard San 113	عي صمع و
JOMMY reacuch of 7+3407	3-7-12	Jonny Ceace EEE	VEL
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer	
		E OLUMB CIVID ADDI AL	-

Form: OLWR-SWR-182(4) 12013