			248	
County: Lowrence	STATE WELL REPORT		RECEIVED	
	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: OLVVR	
Date drilling completed: 11.10 · 21		P.O. Box 2309 ion, MS 39225-2309	E-Log #:	
		(601)961-5210		
State I am requires that the		1)360-0535 (fax)	L 42	
State Law requires that this report Department at the above address w	be prepared by the ithin 30 days of co	license holder responsible for the molecular and lines and the well a	he work and filed with the	
Well Owner Informati (Landowner if borehole is not for	on	Well or Bore	hole Location	
Owner Name: Magnolia M	100d fivers	Latitude: 31 95 32 L	gitude: <u>90°//`57"W</u>	
Mailing Address: 100 SW Br	road st.	Method of Lat/Long (check one)	: Conventional Survey,	
		USGS quad, Hand-held GP	S, Survey-grade GPS	
Monticello ms		SW WE W Ser !	6 TIN RIE	
City State	Zip Code			
Telephone No. ()		(Distance) (Direction)	(Nearest Town)	
the state of the s			(Hearest Form)	
Date drilling started: 11.10.21 Date of	irilling completed:	orehole Data N:10·2 Hole depth: 37 (Hole diameter: 8in	
Location of the source of any surface wa	ater used for drillin	g: Yunning creet	< Water	
Method of dosing and volume of Chloring	e usėd in drilling an	d development: <u>Granule</u>	chloring	
Logs run (circle all applicable) No log rur	Electric Gamm	a Ray Density Sonic Neutron	Other:	
Name of organization running log(s):				
Purpose of borehole (circle one): Water W	Vell Geotechnic	al/Geological Investigation Gr	ound Source Heat Pump	
Seismic		escribe)		
If drilling is not relate	ed to water well cor	nstruction, skip the remainder of	f this block	
Purpose of Well (circle all applicable): Ho	ome (Industrial)	Dubli- Co.	h Culture	
Other (describe):			cattare	
f a flowing well, method of flow regulati	on: Valve	Other (describe)		
tatic Water Level:feet [a	bove or (below) (circle one)	and surface Date measured: _	11.10.21	
Method of measurement (circle one) Stee	el tape Electric tar	e Airline Other (describe)		
Vell depth: 310 Well grouted to a de	pth of: 16 fee	t Type of grout (circle one) No	at Company Bases III	
asing length: Casin	ng diameter:	inches Type of casi	at Cement) Bentonite Mix	

_inches

inches

Screen diameter: ____

Type of completion (circle all applicable). Gravel packed Underreamed

Setting depth: From 3

If telescoped or more than one screen, describe on next page

_feet

Screen length: 40 eet

Top of lap pipe or reduction in casing: _

Screen slot size: .008

Other (describe):__

Type of casing: QUC

feet to_

Open hole

Type of screen: QUC

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

Natural Development

feet

If more than one screen, show location of each on sketch Sand 35 300 370	County: Lawyer Permit #:				For Office Use Only:		
If more than one screen, show location of each on sketch Ketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in locating the well 3) any rosals, power lines, or other items that may aid in locating the property and the well 4) north arrow Landowner Name: HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable recutirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulation of applicable, and state laws.							
If more than one screen, show location of each on sketch Sand 35 300 370 350 300 370 350 350 370 350		uepins on skeich.	Description of Formations En	countered Fr	om (depth)	To (depth)	
If more than one screen, show location of each on sketch Ketch the property layout and include the following: 1) the well location 2) any permisent anothers on the property that may aid in locating the well 3) any promisent anothers on the property that may aid in locating the property and the well 4) north arrow Landowner Name: HEREBY 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 regulation frapplicable.	Ground Level		dono co			2	
If more than one screen, show location of each on sketch identical the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in locating the well 3) any roads, power lines, or other items that may aid in locating the property and the well 4) north arrow Landowner Name: HEREBY 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 regulation frapplicable, and state laws.					2	25	
If more than one screen, show location of each on sketch identical the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in locating the well 3) any roads, power lines, or other items that may aid in locating the property and the well 4) north arrow Landowner Name: HEREBY 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 regulation frapplicable, and state laws.			Sand		25	35	
If more than one screen, show location of each on sketch identical the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in locating the well 3) any roads, power lines, or other items that may aid in locating the property and the well 4) north arrow Landowner Name: HEREBY 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 regulation frapplicable, and state laws.			Clay		35	300	
Landowner Name: HEREBY 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 regulation fapplicable, and state laws.			Sand		300	370	
Landowner Name: HEREBY 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 regulation fapplicable, and state laws.							
Landowner Name: HEREBY 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 regulation fapplicable, and state laws.					21.10.10.20.21		
Landowner Name: HEREBY 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 regulation fapplicable, and state laws.							
Landowner Name: HEREBY 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 regulation fapplicable, and state laws.							
Landowner Name: HEREBY 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 regulation fapplicable, and state laws.							
Landowner Name: HEREBY 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 regulation fapplicable, and state laws.							
Landowner Name: HEREBY 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 regulation fapplicable, and state laws.							
Landowner Name: HEREBY 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 regulation fapplicable, and state laws.							
Landowner Name: HEREBY 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 regulation fapplicable, and state laws.							
ketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in locating the well 3) any roads, power lines, or other items that may aid in locating the property and the well 4) north arrow Landowner Name: I HEREBY 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 regulation of applicable, and state laws.						-	
Landowner Name: HEREBY 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 regulation fapplicable, and state laws.							
Landowner Name: HEREBY 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 regulation fapplicable, and state laws.							
HEREBY 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 regulation if applicable, and state laws. The state laws.	 the well location any permanent stru any roads, power li 	ictures on the property that may	y aid in locating the well	well			
HEREBY 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 regulation if applicable, and state laws. The state laws.	Landowner Name:						
	I HEREBY CERTIFY that requirements of the Mis if applicable, and state	ssissippi Department of Envir laws.	onmental Quality and the Miss	issippi Departme	ent of Heali	plicable th regulations	
	Dames M. Wes	US 00005889					

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

STATE WELL REPORT County: Lawrence Part 2 For Office Use Only: Pump Installer's Completion Report Permit #: Mississippi Department of Environmental Quality Driller: James M. Wells Office of Land and Water Resources Date completed: 11.10.21 P.O. Box 2309 Jackson, MS 39225-2309 Copy information from block on Part 1 (601)961-5210 (601) 360-0535 (fax) 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 Location a wood fivers inc Latitude: 31°55'32 "Longitude: 90°11 Mailing Address: 100 Method of Lat/Long (check one): Conventional Survey____ USGS quad_____, Hand-held GPS____, Survey-grade GPS SW 1/ NE 1/2, Sec 16 TIN RIE Zip Code Telephone No. (_ Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: 11.10.21 ____ Rated Pump Capacity: ____ Gállons Per Minute Is This Pump (circle one): (New) Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: 7.5h0 Setting Depth: 40 ____feet Number of Stages: Pump Test Data for Non Flowing Well Date Well Tested: 11.10.2 Duration of Pump Test (minimum 4 hours): _ Feet Below Land Surface Pumping Water Level (B): Static Water Level (A): __ Feet Below Land Surface Drawdown [(B) - (A)]: ____ Feet Below Land Surface Test Pumping Rate: 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 yielded _____GPM with a drawdown of _____ __ feet after___ ____hours of pumping Meter Installation

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.

_____ Type of Meter:____

Meter Model Number/Name: _____

Installation Date: _____ Meter installed by: ___ Is This Meter (circle one): New Repaired Replacement

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

Meter Manufacturer: _____ Meter Serial Number: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):_____