STATE WELL REPORT						
county: Forrest		Part 1	For Office Use Only:			
	Driller's Log		Well #: <u>A 108</u>			
Permit #: Driller: James M. Wells	Mississippi Department of Environmental Quality		Aquifer:			
	Office of Land and Water Resources P.O. Box 2309		E-Log #:			
Date drilling completed: <u>5-14-15</u>	Jackson, MS 39225-2309					
(601)961-5210 (601)360-0535 (fax)						
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.						
Well Owner Information Well or Borehole Location						
(Landowner if borehole is not for		Latitude: 31° 24.799 Longitude: 089° 25.471				
Owner Name: Paul McL	arthy					
Mailing Address:		Method of Lat/Long (check one): Conventional Survey,				
73 Bridgwater Drive		USGS quad, Hand-held GPS, Survey-grade GPS				
Hattiesburg M.S. 39402		SW 1/4 NE 1/4, sec 8 T 5N R 14W				
City State Zip Code 5 Miles N of Hattiesburg						
Telephone No. (Direction) (Nearest Town)						
Well / Borehole Data Date drilling started 5-14-15 Date drilling completed: 5-14-15 Hole depth: 100 Hole diameter: 7'6'						
Location of the source of any surface	water used for drilli	18: running creek				
Method of dosing and volume of Chlori	no urad in delling a	nd dovolooment:	la chlasiaa			
		\mathbf{v}				
Logs run (circle all applicable): No log r		na Ray Density Sonic Neutro	on Other:			
Name of organization running log(s):						
Purpose of borehole (circle one) Water	r Well Geotechni	cal/Geological Investigation	Ground Source Heat Pump			
Seisn	nic Survey Other	describe)	i de la 1999 de sector com a company a company a com a sector de sector de sector de sector de sector de sector			
If drilling is not rel	ated to water well c	onstruction, skip the remainder	r 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: <u>55</u> feet [above or below] land surface Date measured: <u>5-14-15</u>						
Method of measurement (circle one). Steel tape Electric tape Air line Other (describe):						
Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (circle one): Keat Cement) Bentonite Mix						
Casing length: To feet Casing diameter: 4 inches Type of casing: DVC						
Screen length:feet	Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>DVC</u>					
Screen slot size: <u>1008</u> inches			6et			
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development						
Other (describe):						
Top of lap pipe or reduction in casing:feet						
If telescoped or more than one screen, describe on next page						

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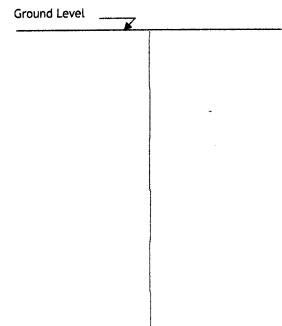
County: _	Formest
Permit #:	

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For Office Use Only:
Well #: A 108

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
topéoil clay Sand	Ground level	1
clav	1	65
SAND	65	100
	1	
		1

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

Sketch 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
Hwy 42
The start
+ JUL 01 2915
E
Landowner Name: Paul McCarthy
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 regulations, if applicable, and state laws.
Tames M. Wells 00005889 6-26-15 Jama M. Cells Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT						
e Only:						
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						
Latitude: <u>31°24.799</u> Longitude: <u>089°25.471</u>						
Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS						
R_14W_						
<u>5</u> Miles <u>N</u> of <u>Hattiesburg</u> (Distance) (Direction) (Nearest Town)						
Pump Type (circle one)						
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):						
Date Pump Installed:						
/						
hours						
and Surface						
s Per Minute						
Well yieldedGPM with a drawdown of feet afterhours of pumping Meter Installation						
2						
)15						
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):						
VN						
√ f 1 standards.						

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