	STATE	WELL REPORT				
County: torrest	Part 1		For Office Use Only:			
Permit #:	Driller's Log		Well #: 161			
Driller: James M. Wells	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:			
Date drilling completed: 12-2-15	F	P.O. Box 2309	E-Log #:			
bace driving completed. 18 0 15		on, MS 39225-2309 601)961-5210	L LOS III.			
		1)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 a water well) Owner Name: Scenic Landscapes		Latitude: 31°17.55 2 Longitude: 689°17. 248				
Mailing Address:		Method of Lat/Long (check one): Conventional Survey,				
938 Richburg	Pd.	USGS quad, Hand-held GPS, Survey-grade GPS				
Itattiesburg MS	39402	NW 14 5E 14, Sec 27 T 4N R 13W				
City J State	Zip Code	$\underline{2}$ Miles $\underline{5}$ o				
Telephone No. (<u>228)</u> <u>234</u> -53	<u>יקו פ</u>	(Distance) (Direction)	(Nearest Town)			
	Well / Bo	rehole Data				
Date drilling started: 12-2-15 Date of	drilling completed:	2.2-15 Hole depth: 170	O Hole diameter: 7%"			
Location of the source of any surface wa	ater used for drilling	: <u>runnina</u> crea	k			
Method of dosing and volume of Chlorine	used in drilling an	d development: 0 00 01	a chlaire			
Logs run (circle all applicable): No log run	Floatrie Commis	a development	e (1) 101, re			
Name of organization running log(s):	Liectric Gamma	a Ray Density Sonic Neutro	n Other:			
Purpose of borehole (circle one): Water W	_	al/Geological Investigation (Ground Course IV. 4 D			
Seismic	_	escribe)	Ground Source Heat Pump			
		struction, skip the remainder	-C41: 11 1			
Purpose of Well (circle all applicable: Hr	Industrial		of this block			
Other (describe):	ane moustrial	Public Supply Irrigation F	ish Culture			
If a flowing well, method of flow regulati	ion: Valve	Other (describe)				
feet [above or below] land surface Date measured: 12-2-15						
Method of measurement (circle one) Steel tape Electric tape Air line Other (describe):						
Well depth: 1/0 Well grouted to a depth of: //)						
Casing length: 140 feet Casing diameter:inches Type of casing:DVC						
creen length: 30 feet Screen diameter: 4 inches Type of screen: 0VC						
creen slot size: 1008 inches Setting depth: From 140 feet to 170						
ype of completion (circle all applicable). Gravel packed Underreamed Open hole Natural Development						
ther (describe):FEB 0 3 2016						
op of lap pipe or reduction in casing:	feet		Assignment of the second			
If telescoped	d or more than one	screen, describe on next page	San			

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

County: Forest Permit #:	For Office Use Only: well #:			
The sketch below only required for water wells	Description of formations enc	ountered	must be provide	d for all wells
If well telescopes, show depths on sketch.			ptea by regutati	<u>ons</u>
Ground Level	Description of Formations Encour		From (depth) Ground level	To (depth)
	4	2501	Ground level	115
	(C)(C)	$\frac{\omega}{2}$	115	170
	χα	L.VC		1.70
•			 	
		· · · · · · · · · · · · · · · · · · ·		
,				
		· · · · · · · · · · · · · · · · · · ·		1
			ļ	
If more than one screen, show location of each on sketch	l			
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow	aid in locating the well in locating the property and the well			
	X			
~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		•		(green a
to the second second			9	
A Company of the Comp			FEB 03	2015
Landowner Name: Scenic Land Sc	azes		**************************************	***
I HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Environif applicable, and state laws.	, constructed, and completed in ac nmental Quality and the Mississipp	ccordance i Departn	e with all applic nent of Health	cable regulations,
Tames M. Wells 0005889 Print Name of Responsible Licensee and License No.	1-31-16 Jan	Q r	· ce C	•
THE Name of Responsible Licensee and License No.	Date	Signature	of Licensee Form: OLWR-	SWR-1A (4/13

STATE WELL REPORT

Forrest Driller: Dames Date completed: 12-2-15

Copy information from block on Part 1

County: _

Permit #: .

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 2309

Part 2

Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:
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	Well Location					
owner Name: <u>Scenic Landscapes</u>	Latitude: 31°17.552 Longitude: 089°17.248					
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,					
938 Richburg Rd.	USGS quad, Hand-held GPS, Survey-grade GPS					
Hattiesburg ns 39402 City State Zip Code						
Telephone No. (228) 234 - 5379	(Distance) Miles 5 of Hattiesburg (Nearest Town)					
Pump Type (circle one)						
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):						
Date Pump Installed: 12-2-15 Rated Pump Capacity: 27 Gallons Per Minute						
Is This Pump (circle one): New Repaired Replacement						
Power Ty	pe (circle one)					
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):						
Horse Power Rating of Motor: 3 Setting Depth: 150 feet Number of Stages: 11						
	for Non Flowing Well					
Date Well Tested: 12-2-15 Duration of Pump Test (minimum 4 hours): 4 hours						
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): 150 Feet Below Land Surface						
Drawdown [(B) - (A)]: 8910 Feet Below Land Surface Test Pumping Rate: 35 Gallons Per Minute						
Method of measurement (circle one): Sceel 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: _	FEB-0-3-2016					
is This Meter (circle one): New Repaired Replaceme	mt					
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						

00005889 Print Name of Pump Installer and License No. (if applicable)

1-31-16 Date

Signature of Pump Installer

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