71	state W	ell Report					
County: Dear &	Part 1 – Driller's Log		For Office Use Only:				
county.	Mississippi Department of Environmental Quality		Aquifer:				
Permit #:	Office of Land and Water Resources		Well #: 4149				
Driller: J- Piers	P.O. Box 2309 Jackson, MS 39225						
0-12-11		961- 5210	L. S. Elevation:				
Date drilling completed: 8-13-14	(601)961	I- 5228 (fax)	E-log #:				
54-4- I 4b-4-4bi	 	baldan mana anaibla fan					
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.							
Information on Well C		Well or Borehole Location					
(Landowner if borehole is not fo	yga water well)	60 75 61	3. 61 77				
Danner Danner			" Longitude: 30 . 51 . 27"				
Owner Name (Service)	wner Name Dennis Jayler		Method of Lat/Long (circle one): Conventional Survey,				
Mailing Address: 1/00 Houla	Caton Kd	Wichiod of Lautong (chere of	ic). Conventional Survey,				
			USGS quad, Hand-held GPS, Survey-grade GPS				
		NEWSE Wan 24					
Cuusah nu	0 34452	10 C /4-7C /4 BBC (X 1	I WII CO O KIIB ()/				
City Stat	te Zip Code	Distance Direction					
Telephone No. (601) 588 -	4545	Miles	of				
receptions (OOF)	1010						
	Well / Bore	hole Data					
Date drilling started: 8-12 Date dri	0.1	7 721	4.				
	7		Hole diameter: 7				
Location of the source of any surface water used for drilling:							
Method of dosing and volume of Chlorine used in drilling and development: 2000 water feat the							
Logs run (circle all applicable): 10 log run Electric Gamma Ray Density Sonic Neutron Other:							
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump							
Seismic Survey Other (describe)							
		s, skip the remainder of this blo	ock				
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:							
rurpose of Well (check one): Home	ndustrial Public Supply	Irrigation Fish Culture _	Other:				
If a flowing well, method of flow regulation	n: ValveO	her (describe)					
		, , , , , , , , , , , , , , , , , , , ,	8-12-14				
Static Water Level:feet above or below (circle one) land surface Date measured:8-12-14_							
Method of Measurement (circle one) sto	eel tape electric tape	air line other:					
Well depth: 230 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix							
Casing length: 220 feet Casing diameter: 4 inches Type of casing: 5ch 40							
Screen length: feet							
Screen length:feet Screen	en diameter: Y	inches Type of screen:	JOHN YU				
Screen slot size: 6 inches Setting depth: From 0 feet to 230 feet							
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development							
Other (describe):							
Top of lap pipe or reduction in casing:	feet. If teld	escoped or more than one scree	n, describe on next page				

State Well Report

From (depth) To (depth)
Ground Level

15

0

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

Pada

Description of Formations Encountered

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		-)_	1-12
	Clour	10	1 10
	010	170	230
	June		210

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l			
If more than one screen, show location of each on sketch			
Sketch the property layout and include the following: 1) the well 1	ocation: 2) any permanent structures on the pro	nerty that may	, <u> </u>
aid in locating the well; 3) any roads, power lines, or	r other items that may aid in locating the proper	ty and the we	, 11;
4) a north arrow.	**************************************	fland	1
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(h)	/ (ماره	
Landowner Name: Deruis Bayter	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
Landowner Name.	W 110		
	Form: C	LWR-SWR-1	A (04/08)
I certify that the well/borehole was drilled, constructed, and con	mpleted in accordance with all applicable re	quirements of	f the
•			
Mississippi Department of Environmental Quality and the Miss	sissippi Department of freatth regulations, in	appiicavic, a	na state
laws.	12 11/		
Jellu 0-780 8-1	11-14 Souly -		
Print Name of Responsible Licensee and License No. Da	ite Signature of Licensee		3E2 75

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level.

County: Series Permit #: 0 - 780 Driller: Selv Date completed: 8 - 12 - 14 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 (601)961-5210 (601)961-5228 (fax)		For Office Use Only: Aquifer: Well #: 40		
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 Owner Information Owner Name: Danies Baxter Mailing Address: 2100 Aquela Cala Cd Cue dash ws 39452 City State Zip Code Telephone No. (601) 508-4545		Well Location Latitude: 86-35-5 Zongitude: 30-51-27 Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 4 SE 4 Sec 24 T 3 S R 5W Distance Direction Nearest TownMiles of			
Pump Type Circle one Air Lift Jet	Submersible	Diesel Engine Gasolin	wer Type ircle one e Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well		specify):		
Other (specify): Date Pump Installed: 9 12 - 1 Rated Pump Capacity: 20		Setting Depth: 86 chepper feet Number of Stages: 10			
Date Well Tested: Pump Test Data		Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape			
Static Water Level (A):Feet Below Land Surface		Other (specify):			
1 1 0	Below Land Surface	F . 0			
Drawdown [(B) – (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute		For flowing well, measured shut in head:feet Well yielded			
Duration of Pump Test (minimum 4 hours):		feet after	- -1 @		
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump					
I HEREBY CERATFY) that the above statements are true to the best of my knowledge.					

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