STATE WELL REPORT									
County: Harrison Part 1	For Office Use Only:								
Driller's Log	Well #:H 615								
Permit #: Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:								
1 P.U. BOX 2309	E-Log #:								
Date drilling completed: 7-11-13									
(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.									
(Landowner if borehole is not for a water well)	ehole Location Ingitude: 088°58′42.24″								
Owner Name: John Korn Dullders	e): Conventional Survey,								
Mailing Address:	GPS, Survey-grade GPS								
railous Ola 20520 NE W NUI W. Sec	27 VT 65 R 10W								
$\frac{ Bi 0\chi' }{ City }, \chi S = \frac{39532}{ Zip Code} = \frac{ \chi }{ 4' 2 } \frac{ \chi }{ \chi } \frac{ \chi }{ $									
Telephone No. $\frac{208}{6000}$ $\frac{6000}{6000}$ $\frac{6000}{6000}$ $\frac{6000}{6000}$ $\frac{6000}{6000}$	(Nearest Town)								
Tetephone No. (SSO) (ST) (TS)									
Well / Borehole Data Date drilling started: 7/8/13 Date drilling completed: 7/8/13 Hole depth: 723 FTHole diameter: 723 FT									
Leasting of the source of any surface water used for drilling.									
Method of dosing and volume of Chlorine used in drilling and development: gal. per 000 drilling = In well									
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: ValveOther (describe)/A									
Static Water Level: 90 feet [above or below] land surface Date measured: 7/1//3									
Method of measurement (circle one): Steel tape Electric tape (Air line Other (describe):									
Well depth: 73 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix									
Casing length: 703 feet Casing diameter: 2 inches Type of casing: 200									
Screen length: 00 feet Screen diameter: 1 inches Type of screen: 100 feet to 1									
Screen slot size: <u>COCo</u> inches Setting depth: From <u>703</u> feet to <u>723</u> feet Type of completion (circle all applicable): Gravel packed Underreamed Open hole latural Development									
Other (describe):	RECEIVED								
Top of lap pipe or reduction in casing: NA feet	THE 2 6 2013								
If telescoped or more than one screen, describe on next to									

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

Form: OLWR-SWR M (4(1))

County: Harrisc	on		For Office Use Only: Well #: H65		
he sketch below only requ	uired for water wells	Description of formations and boreholes, unless spec	ençountered n Hicaliy exemn	nust be provide	d for all wells
f well telescopes, show de	pths on sketch.				
round Level		Description of Formations En	countered	From (depth) Ground level	To (depth)
		prange clay		a	10
		orange. Coarse	Sand	70	25
		Orange Clay	CML	25	50
		Blue Claywistre	raks of Som	50	420
		Gray Maclium to Co		420	512
		Blueclaywistreaks		5/2	678
		Grav Crarse San		678	723
		Gray Grose Cto	<u> </u>	W IS	700
	• •				
		,			
·					<u> </u>
		i i			
f more than one screen, show	v location of each on sketch				
etch the property layout and	· · · · · · · · · · · · · · · · · · ·				
etch the property layout and 1) the well location 2) any permanent structur	i include the following: res on the property that may a	n locating the property and the v	well		
2) any permanent structur 3) any roads, power lines, 4) north arrow X yell HEREBY CERTIFY that the equirements of the Mississ applicable, and state law	include the following: res on the property that may a continuous that may aid in the property that may aid in the property that may are continuous that may aid in the property that may are continuous that may are continuou	n locating the property and the v	\$	e with all appl nent of Health	
etch the property layout and 1) the well location 2) any permanent structur 3) any roads, power lines, 4) north arrow X Well HEREBY CERTIFY that the quirements of the Mississ applicable, and state law Tack K. Ridge	include the following: res on the property that may a contine items that may aid in the property that may aid in the property that may are contined in the property that may are contin	n locating the property and the v	in accordance ssippi Departr	e with all appl ment of Health Layuum	icable

STATE WELL REPORT County: HATTISON Part 2 For Office Use Only: **Pump Installer's Completion Report** Permit #: Mississippi Department of Environmental Quality Well #: Driller ! MSt Water WellSRV Office of Land and Water Resources Date completed: 7-11-13 P.O. Box 2309 Jackson, MS 39225-2309 Aguifer: 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 Owner Information Latitude: 30° 49' 53. 28' Longitude: 088° 58' 42. 24" Owner Name: John Korn Builders Method of Lat/Long (check one): Conventional Survey_ USGS quad_____, Hand-held GPS $\sqrt{}$, Survey-grade GPSNE 4 NW 4. Sec 27 T65 R/OW State Zip Code 4/2 Miles NORTH OF TB. POKI Telephone No. 228 (Distance) (Direction) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (describe): _____ Rated Pump Capacity: Gallons Per Minute Date Pump Installed: _ Is This Pump (circle one): (New) Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): __ Setting Depth: 10 feet Number of Stages: Horse Power Rating of Motor: **Pump Test Data for Non Flowing Well** Duration of Pump Test (minimum 4 hours): _ Date Well Tested: Pumping Water Level (B): NA Feet Below Land Surface Static Water Level (A): Feet Below Land Surface / Gallons Per Minute Test Pumping Rate: ____ Drawdown [(B) - (A)]: __ Feet Below Land Surface Pump Test Data for Flowing Well Measured shut in head: feet. GPM with a drawdown of hours of pumping Well yielded feet after **Meter Installation** Meter Serial Number: _____ Meter Manufacturer: _ Meter Model Number/Name: _ Type of Meter:__ Totalizer Register Unit and Multiplier Factor (Alf 1**00**0, etc):_ .001. s Installation Date:

r or agricultural wells, a list of appl	rovea meters is c	on the MDLY website.	
I HEREBY CERTIFY that the above statements are true to the	-	· •	16 16 16 17 19 16 19 19 19 19 19 19 19 19 19 19 19 19 19
Jack Kidadell D-472	7/24/13	Jack Kredgelel	e 100, 46 413
Print Name of Pump Installer and License No. (If applicable)	Date	Signature of Pump	Installey /
		Form:	OLWR-SWR-1B (4/13)

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.

Replacement

Is This Meter (circle one): New

Repaired