STATE WELL REPORT	
county: DickSON Part 1	For Office Use Only:
Driller's Log	Well #:60.1
Permit :: Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
Drillen UIDT WATTCH VIDA V. P.O. Box 2309	E-Log #:
Date drilling completed: 10-04-10 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
State Law requires that this report be prepared by the deense notaer responsible for Department at the above address within 30 days of completion of drilling of the well	or borehole.
Well Owner Information Well or Bory	ehole Location
(Landowner if borehole is not for a water well) Latitude: 20 28 47.76 Lo	ngitude: 088 29' 20. 38"
Owner Name: DEDDIC WNI THEOR 17 3	
Mailing Address: INVILLINE SHEET	e): Conventional Survey,
USGS quad, Hand-held ($SPS_{,}$, Survey-grade $GPS_{,}$
Marchint ME 30512 NE 4 SW 4 SE	33 T 65 R 5 W
Telephone No $\partial \mathcal{B}$ $(\mathcal{P}^{-1} - (\mathcal{O}^{-1})\mathcal{P})$ $(Distance)$ $(Direction)$	(Nearest Town)
Telephone No. 009 01 1-00 1- (Distance) (Direction)	(neurest rown)
Well / Borehole Data	
Date drilling started: 10-24-13 Date drilling completed: 10-24-13 Hole depth: 90	FT Hole diameter:
Lessing of the source of any surface water used for drilling: NIA	
Location of the source of any surface water used for dritting.	MONVillion Jontain 1/1
Method of dosing and volume of Chlorine used in drilling and development: 1921	Contraction of the second
Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutr	ron 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 remainded	
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 (<i>describe</i>)	
	ed: 10-24-3
Static Water Level:feet [above or / below/land surface Date measure (circle one)	
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe	2):
Well depth: <u>OF</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one	
Casing length:feet Casing diameter:inches Type of	f casing:
Screen length: 10feet Screen diameter:inches Type of	of screen: <u>PVC</u>
Screen slot size: <u>• 006</u> inches Setting depth: From <u>80</u> feet	tofeet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole	e Natural Development
Other (describe):	E Allow South State
Top of lap pipe or reduction in casing: $\mathcal{N}/\mathcal{A}_{feet}$	
If telescoped or more than one screen, describe on next p	page
	Form: OLAR SWR-14 (4(13))

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County:	Jac	<u>ks 00</u>)
Permit #	•		

For	Office	Use	Only:
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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

round Level				From (depth)	
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EREBY CERTIFY that the y uirements of the Mississi applicable, and state laws $\delta x = \frac{1}{2} + \frac{1}{2} $	bie Whitwor	the Poper Derive	d completed in accordan and the Mississippi Depart	ree with all appl thent of Health Ridy Luc Ire of Ligensee	<u></u>

County: NACKSOF Part 2	For Office Use Only:
Permit #: Pump Installer's Completion Report Mississippi Department of Environmental Quality	well #:M60 \
Driller: COSTWATERWEI SK Mississippi Department of Environmental Quality Office of Land and Water Resources	weil #:
Date completed: 10-24-13 P.O. Box 2309	Aquifer:
Copy information from block on Part 1 Jackson, MS 39225-2309	Aquiler
(601) 360-0535 (fax)	
This part of the report must be completed by a licensed water well contractor or a licensed put of the report must be attached and both parts filed with the Department at the above address w	
Well Owner Information Well L	ocation
wner Name: DLbb/LWh/HWOr/ h Latitude 258 47.76 Lor	gitude: 088'29'22.38"
lailing Address: 7300 ClOVCF Street Method of Lat/Long (check one): Conventional Survey,
	PS, Survey-grade GPS
Titu Ctata Tin Cada	<u>33 T é S R 5 W</u>
elephone No. 000 697-6077 (Distance) (Direction)	(Nearest Town)
Pump Type (circle one)	
ubmersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (de	scribe):
ate Pump Installed: 10-25-13 Rated Pump Capacity:/	Callons Per Minute
s This Pump (circle one): New Repaired Replacement	
Power Type (circle one)	· · · ·
lectric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):	
	Of Stages:
Pump Test Data for Non Flowing Well	, 1 (
Pate Well Tested: 10-25-13 Duration of Pump Test (minin	um 4 hours): <u>4 1/2</u> hours
tatic Water Level (A): Feet Below Land Surface Pumping Water Level (B): _	N/A Feet Below Land Surface
Prawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 🚄	Gallons Per Minute
Aethod of measurement (circle one): Steel tape Electric tape Air line Other (describe):	
Pump Test Data for, Flowing Well	
Aeasured shut in head:feet.	
Vell yieldedGPM with a drawdown offeet after	hours of pumping
Meter Installation	
Neter Manufacturer: Meter Serial Number:	
Aeter Model Number/Name:	
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x/1000, etc.):	
nstallation Date: Meter installed by:/	
s This Meter (circle one): New Repaired Replacement	
Important: By submitting the above information you are certifying that this meter was insta	lled to manufacturer standards.
For agricultural wells, a list of approved meters is on the MDEQ w	ebsite.
HERBEY-CERTIFY that the above statements are true to the best of my knowledge	
HERBEY-CERTIFY that the above statements are true to the best of my knowledge	1/1112 2000
Dock Kidadell 0-472 10/25/13	un lander RECE

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BY GLOG

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