	. STATE	WELL REPORT		
county: Jefferson Druis	SIAL	Part 1	For Office Use Only:	
Permit #:		Priller's Log	Well #: <u>J92</u>	
Driller: James M. Wells	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:	
Date drilling completed: 622-15		P.O. Box 2309	E-Log #:	
Date driving completed.	1	on, MS 39225-2309 (601)961-5210		
		1)360-0535 (fax)		
State Law requires that this report Department at the above address w	ithin 30 days of co	mnletion of drilling of the well	ar harehale	
Well Owner Informat (Landowner if borehole is not for		31'23'34" Well or Bore	ehole Location 8 # 49 27	
Owner Name: Pete Will		Latitude: 01 23.6 4 Lo	ngitude: <u>089°49. 457</u>	
Mailing Address:		Method of Lat/Long (check one	e): Conventional Survey,	
215 Alvin Stuck	cen Rd.		GPS, Survey-grade GPS	
Columbia MS	39429	<u>SE 1/4 SE 1/4, Sec</u>	17 T.5N R 18W	
City State	Zip Code	<u> 12 Miles N</u>	of Columbia	
Telephone No. (601) 674-09	14.1	(Distance) (Direction)	(Nearest Town)	
1 22.18	Well / B	orehole Data		
Date drilling started: $(2-2)$ Date	drilling completed:	6-2215 Hole depth: 13() Hole diameter: <u>7'/''</u>	
Location of the source of any surface v	vater used for drilli	ng: <u>Choning Cree</u>	<u>k</u>	
Method of dosing and volume of Chlori	ne used in drilling a	nd development:Granu	e chlorine	
Logs run (circle all applicable): No log ru	Electric Gam	na Ray Density Sonic Neutro	on Other:	
Name of organization running log(s):				
Purpose of borehole (circle one): Water	Well Geotechni	cal/Geological Investigation	Ground Source Heat Pump	
		describe)		
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (circle all applicable):			Fish Culture	
Other (describe):				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 100 feet [above or below] land surface Date measured: 602-15				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 130 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 110 feet Casing diameter: 4 inches Type of casing: 01/C				
Screen length: 20 feet Screen diameter:inches Type of screen:				
Screen slot size: .008 inches Setting depth: From				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):			n men men et an	
Top of lap pipe or reduction in casing: _	feet			
If telesco	ned or more than a	na saraan dasariha ay yawayan	Real for the second second	

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

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

County:	Defferson	Davis

Permit #:

1

The sketch below only required for water wells

For Office Use Only: Well #: 5 92

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

f well telescopes, show depths on sketch.			
Ground Level	Description of Formations Encountered	From (depth) Ground level	To (depth)
	topsoil		
	clay	105	105
	Jan'd	105	130
			<u>}</u>
-			<u> </u>
	•		
			1
			1
		+	1
			1
			+
			+
			<u> </u>
more than one screen, show location of each on sketch			
tch the property layout and include the following: 1) the well location			
 any permanent stream the property that ma 	v aid in locating the well		
3) any roads, power lines or other items that may ai	d in locating the property and the well		
3) any roads, power line for other items that may ai 4) north arrow AIVIN Study of the formation of the for			
4) north arrow Alvin Struct Reservice - Queffor			
Reservice Q			
Reservior Rd	/		
	\checkmark		
	/		
Goss Bunkerhill R.			
Bhokerhill			ı
. ma nil 21			

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BY MINE

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.

lilliams

Hwy 35

James M. Wells 00005889	7-28-15	Jame richelle
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

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

СK

Landowner Name:

	STATE W	ELL REPORT			
County: Defferson Dawis		Part 2	For Office Use Only:		
Permit #:		r's Completion Report			
Driller: James M. Wells		nent of Environmental Quality Ind and Water Resources	Well #: 72		
Date completed: 6-22-15		.O. Box 2309	Aquifer:		
Copy information from block on Part 1		n, MS 39225-2309 601)961-5210	Aquiler,		
	(601) 360-0535 (fax)			
This part of the report must be complete of the report must be attached and both	parts filed with the D	epartment at the above address w	vithin 30 days of well completion.		
Well Owner Informati		A .	ocation		
Owner Name: Pete Willic	2m5	Latitude: <u>DI 23. 64</u> Lon	gitude: 089°49, 457		
Mailing Address:		Method of Lat/Long (check one): Conventional Survey,		
215 Alvin Stucke	y Rd	USGS quad, Hand-held G	PS, Survey-grade GPS		
Columbia MS	139429	¼¼, Sec	17 T 5N R 18W		
City State	Zip Code	12 Miles N of	Columbia		
Telephone No. ()		(Distance) (Direction)	(Nearest Town)		
	Pump Ty	be (c ircle one)			
Submersible Turbine Air Lift Centrif	ugal Flowing Well	Jet Piston Rotary Other (de	scribe):		
Date Pump Installed: 6-22-19	> f	lated Pump Capacity:	Gallons Per Minute		
Is This Pump (circle one): New Rey					
		pe (circle one)			
Electric Diesel Gasoline Natural Gas	Tractor PTO Win	dmill Other (<i>describe</i>):			
Horse Power Rating of Motor:	Setting Dept	h: <u>20</u> feet Number	of Stages:		
	Pump Test Data	for Non Flowing Well			
Date Well Tested: 6-22-15	-	-	um 4 hours): hours		
Static Water Level (A): 100 Fee	Below Land Surface	Pumping Water Level (B):	20 Feet Below Land Surface		
Drawdown [(B) - (A)]: 407.20) Feet Below Land Surf	ace Test Pumping Rate:	15 Gallons Per Minute		
Drawdown [(B) - (A)]: <u>40-7-20</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Method of measurement (<i>circle one</i>): Steel tape Electric tape Air line Other (<i>describe</i>):					
method of measurement (circle one). St		ta for Flowing Well			
Measured shut in head:feet	-				
Well yieldedGPM with a c		feet after	hours of pumping		
		nstallation	.		
Meter Manufacturer:					
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:					
Is This Meter (circle one): New Repaired Replacement					
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.					
Tames M. Wells 00005889 7-28-15 Signature of Pump Installer					
Line name or rump instatter and Liten	a no. () applicable	Juli Jigila	Lais of Fump instanter		

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