	STATE WELL REPORT	ID ORM IT O			
County: Sones	Part 1	For Office Use Only:			
Permit #:	Driller's Log Mississippi Department of Environmental Quality	1			
Driller: James M. Wells	Office of Land and Water Resources	Aquifer:			
Date drilling completed: 7:24-15	P.O. Box 2309 Jackson, MS 39225-2309	E-Log #:			
	(601)961-5210				
(601)360-0535 (fax)					
Department at the above address w	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 Informat	ion 31°-10' 7' Well or Bore	ehole Location 8리 기약 3중			
(Landowner if borehole is not for	Latitude: 31 40, 136 Lo	ngitude: <u>089° / 4. 639</u>			
Owner Name: Mike Day	Method of Lat/Long (check one	e): Conventional Survey,			
Mailing Address:					
2035 Hwy 29 North USGS quad, Hand-held GPS, S					
Ellisville MS	01101	7 TEN RIAW			
City State	Zip Code Wiles W				
Telephone No. (601) 344 - 8	(Distance) (Direction)	(Nearest Town)			
Well / Borehole Data					
Date drilling started: 7:24:15 Date drilling completed: 7:24-15 Hole depth 245 Hole diameter: 7/5"					
Location of the source of any surface water used for drilling:					
Method of dosing and volume of Chlorine used in drilling and development:					
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 rea	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: Valve Other (describe)					
Static Water Level: 120feet [above or below] land surface Date measured: 7.24-15					
Method of measurement (circle one) Steel tape Electric tape Air line Other (describe):					
Well depth 945 Well grouted to a depth of: 10 feet Type of grout (circle one): Weat Cement Bentonite Mix					
Casing length: 015 feet Casing diameter: 4 inches Type of casing: 000					
Screen length: 30 feet Screen diameter: 4 inches Type of screen: DVC					
Screen slot size: 1008 inches Setting depth: From 215 feet to 245 feet					
Type of completion (circle all applicable). Gravel packed Underreamed Open hole Natural Development					
Other (describe):					

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

Top of lap pipe or reduction in casing: ______feet

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

County: Permit #:	Fo	r Office Use	Only:
The sketch below only required for water wells	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations		
If well telescopes, show depths on sketch.	Description of Formations Encountered	From (depth)	To (depth)
Ground Level	topsoil	Ground level	/
	Clay	155	245
	26110	100	<i>2</i> 13
		1	
	And the state of t	-	
If more than one screen, show location of each on sketch			
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 Hwy 84	aid in locating the well in locating the property and the well		
I w	59	SEF 6.2	· 2種類
andowner Name: Mike Davis		SEF GZ	沙色街
The Days	59		
andowner Name: Mike Davis HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Environments of the Mississippi Department of Environments of Envir	59		

STATE WELL REPORT

County: Somes Permit #: _ Driller: James M. Wells Date completed: 7-24-15 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 39225-2309 (601)961-5210

For Office Use Only: Well #:
Aquifer:

(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 D	epartment at the above address within 30 days of well completion.				
Well Owner Information	31° 40 7 Well Location 87° 14° 38°				
Owner Name: Mike Davis	Latitude: 31°46.126 Longitude: 089°14.639				
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,				
2035 Hwy 29 North	USGS quad, Hand-held GPS, Survey-grade GPS				
Ellisville MS 39437 City State Zip Code	SE 14 SW 14, Sec 7 T 8N R 12W				
City State Zip Code	(a Miles W of Laure)				
Telephone No. (601) 344 - 8443	(Distance) (Direction) (Nearest Town)				
Pump Type (circle one)					
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
Date Pump Installed: 7-24-15 Rated Pump Capacity: 35 Gallons Per Minute					
Is This Pump (circle one): New Repaired Replacement					
Power Type (circle one)					
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):					
Horse Power Rating of Motor: Setting Dept	h: 180 feet Number of Stages:				
Pump Test Data for Non Flowing Well					
Date Well Tested: 7.24-15 Duration of Pump Test (minimum 4 hours): 4 hours					
Static Water Level (A): 120 Feet Below Land Surface Pumping Water Level (B): 180 Feet Below Land Surface					
Drawdown [(B) - (A)]: 13260 Feet Below Land Surface Test Pumping Rate: 45 Gallons Per Minute					
Method of measurement (circle one): Steel tape Electric ta	pe Air line Other (describe):				
	ta for Flowing Well				
Measured shut in head:feet.					
Well yieldedGPM with a drawdown of	feet afterhours of pumping				
Meter I	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: SEE (1.9.71)					
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	e best of my knowledge.				
James M. Wells 00005889 8-29-15 James M. wells					
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer				
	Forms OLWD CWD 49 (4/4)				

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