County: <u>A Ayette</u> Permit #: Driller: <u>Leeper Drilling</u>	STATE WELL REPORT Part 1 Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources	For Office Use Only: Well #: <u>636</u> Aquifer:
Date drilling completed: 8-14-13	P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax)	E-Log #:

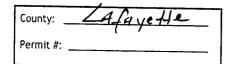
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State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: MARV Morgan	Latitude: $34 \rightarrow 4$ , $5 \rightarrow 4$ Longitude: $34 \rightarrow 5 \rightarrow $
	Method of Lat/Long (check one): Conventional Survey,
Mailing Address: <u>48 C2 229</u>	USGS quad, Hand-held GPS, Survey-grade GPS
AXPED MS 2845	5W 1/4 15W 1/4, Sec_ 4 T & S R 2W
City State Zip Code	
Telephone No. (501) 683 - 2472	(Distance) (Direction) (Nearest Town)
Well / B	orehole Data 'i
	<u>8-4-13</u> Hole depth: <u>1354</u> Hole diameter: <u>4</u>
	ng: Hopewell WATER ASSI
Method of dosing and volume of Chlorine used in drilling a	nd development: 5 ppm
Logs run (circle all applicable): No log run Electric Gamm	na Ray Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole ( <i>circle one</i> ): Water Well	cal/Geological Investigation Ground Source Heat Pump
Seismic Survey Other	(describe)
If drilling is not related to water well c	onstruction, 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:feet [above of below (circle one)	I land surface Date measured: <u><u><u>S</u>-15-13</u></u>
Method of measurement (circle one): Steel tape Electric	tape Air line Other ( <i>describe</i> ):
Well depth: 135 Well grouted to a depth of: 19 f	eet Type of grout ( <i>circle one</i> ): Neat Cement Bentonite (Mix)
Casing length: _//feet Casing diameter:	<u>inches</u> Type of casing: <u><u>Prc</u></u>
Screen length:feet Screen diameter:	<u>inches</u> Type of screen: <u>Pyce</u>
Screen slot size: •010 inches Setting depths	Fromfeet toSSfeet
Type of completion (circle all applicable): Gravel packed	m 2 Underreamed Open hole Natural Development $m z$ $i$ $(i)$ is
Other (describe):	By out
Top of lap pipe or reduction in casing:feet	
If telescoped or more than	one screen, describe on next page

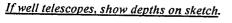
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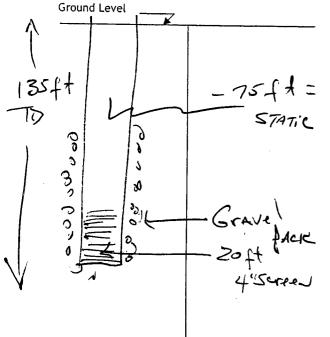
Form: OLWR-SWR-1A (4/13)



For Office	Use Only:
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The sketch below only required for water wells

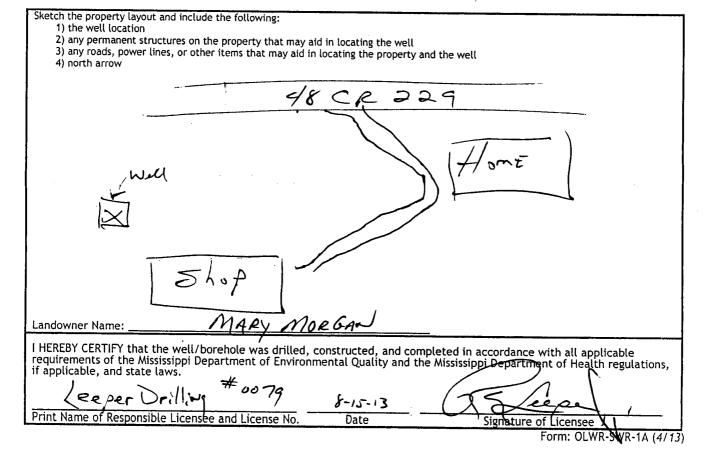




<u>Description of</u>	formations encountered must be provided for all wells
<u>and boreholes,</u>	unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Top Clay		10
Brown SAND	10	70
White SAND	-70	135
	1	

If more than one screen, show location of each on sketch



County: LA LAVRTTE	] Par	t 2		
Permit #:	Pump Installer's C	For Office Use Only:		
Driller: Leeper Dalling	Mississippi Department of Environmental Quality Well #: 636 Office of Land and Water Resources			
	P.O. Box			
Date completed: <u><u><u></u></u><u><u><u></u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u></u>	Jackson, MS	Aquifer:		
Copy information from block on Part 1	(601)961 (601) 360-0			
This part of the report must be complete			nn installer A conv of Part 1	
of the report must be attached and both	parts filed with the Departn			
Well Owner Informati		ø Well L		
Owner Name: <u>Mary Mo</u>	GAL Latitu	ude: <u>34 24. 524</u> Lon	gitude: 89 25.04 (	
Mailing Address: <u>442 CR</u>	ZZ9 Metho	od of Lat/Long (check one)	): Conventional Survey,	
	USGS	quadHand-held GI	PS, Survey-grade GPS	
City State	58865 5		947 85 R 2W	
	Zip Code		(Nearest Town)	
Telephone No. ( <u>50()</u> <u>683</u> -	2412 (Dist	ance) (Direction)	(Nearest Town)	
	Pump Type (cir	cle one)		
Submersible Turbine Air Lift Centrif	ugal Flowing Well Jet	Piston Rotary Other (de:	scribe):	
Date Pump Installed: & - 15	-13 Rated F	oump Capacity:/2	Gallons Per Minute	
Is This Pump (circle one) New Re				
	Power Type (cir	rcle one)		
Electric Diesel Gasoline Natural Gas				
Horse Power Rating of Motor: 3/4 +			,	
Date Well Tested: & - 15 -	Pump Test Data for No			
Static Water Level (A): Fee				
Drawdown [(B) - (A)]:	Feet Below Land Surface	Test Pumping Rate:	Gallons Per Minute	
Method of measurement (circle one): S				
	Pump Test Data for	Flowing Well		
Measured shut in head:feet				
Well yieldedGPM with a g	drawdown of	feet after	hours of pumping	
	Meter Install	ation		
Meter Manufacturer:		Meter Serial Number:		
Meter Model Number/Name:		Type of Meter:		
Totalizer Register Unit and Multiplier F				
Installation Date:				
Is This Meter ( <i>circle one</i> ): New Re				
		a that this materia in the	llad to many fratures start	
Important: By submitting the above in	formation you are certifyin ural wells, a list of approved	g that this meter was insta- meters is on the MDEQ w	uea to manujacturer standards. ebsite.	
ror agricuit				
I HEREBY CERTIFY that the above state	ments are true to the best	of my knowledge	The RECEI	