	STATE '	WELL REPORT		
county: Lamar		Part 1	For Office Use Only:	
Permit #:		riller's Log ment of Environmental Quality	Well #: 3124	
Driller: James M. Wells	Office of La	nd and Water Resources	Aquifer:	
Date drilling completed: 7-13-15	•	P.O. Box 2309 on, MS 39225-2309	E-Log #:	
	(601)961-5210 1)360-0535 (fax)		
State Law requires that this report l		, ,	the work and filed with the	
Department at the above address wi	thin 30 days of co	mpletion of drilling of the well	or borehole.	
Well Owner Informati (Landowner if borehole is not for			chole Location 87° 37'72	
	derson	Latitude: 31°25.099 Lo	ngitude:007 07. 101	
		Method of Lat/Long (check one	e): Conventional Survey,	
Mailing Address:		USGS quad, Hand-held G	PS . Survey-grade GPS	
2223 Hwy 42	204182		12 T 5N R 15W	
<u>Dumrall</u> City State	<u>J1482</u> Zip Code			
Telephone No. (601) 516-00	<u>^</u>	(Distance) (Direction)		
	<u>7-1</u>		(nearese romn)	
זיגיר		orehole Data		
Date drilling started: 7-13-15 Date			1 -	
Location of the source of any surface w	ater used for drilli	ng: <u>Phinning Cre</u>	eK	
Method of dosing and volume of Chlorin	ne used in drilling a	nd development: <u>granw</u>	le chlorine	
Logs run (circle all applicable): No tog run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
Purpose of borehole (circle one): Water	Well Geotechn	ical/Geological Investigation	Ground Source Heat Pump	
Seismi	ic Survey Other	(describe)		
If drilling is not rela	ited to water well c	onstruction, skip the remainde	r 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 regula				
Static Water Level: 100 feet [above or below] land surface Date measured: 7-13-15				
Method of measurement (circle one): Steel tage Electric tape Air line Other (describe):				
Well depth: 200 Well grouted to a depth of: 10 feet Type of grout (circle one) Neat Cement Bentonite Mix				
Casing length: 180 feet Casing diameter: 4 inches Type of casing: DVC				
Screen length: <u>20</u> feet Screen diameter: <u>1</u> inches Type of screen: <u>pvC</u>				
Screen slot size: 1008 inches Setting depth: From 180 feet to 200 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):			:	
Top of lap pipe or reduction in casing:	feet		SEF 3-3-2015	
If telesco	ped or more than	one screen, describe on next pa	ee all all all all all all all all all a	

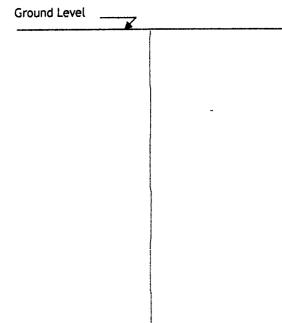
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County: _	Lamer	
Permit #:		

For Office Use Only: Well #: B124

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of for	mations encountered	<u>must be provid</u>	led for all	<u>wells</u>
and boreholes, un	less specifically exen	npted by regula	<u>tìons</u>	

Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground level	
clay	1	135 200
sand	135	200
· · · · ·	-	
	1	
	1	

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 aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
 - 4) north arrow

Hwy 42		X	
	Sin	n , Rd.	K Ple

Landowner Name: Matthendersor	<u> </u>		ULI V X XIVE
I HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Enviro if applicable, and state laws.	, constructed, and nmental Quality an	completed in accordance with al d the Mississippi Department of H	l applicable Health regulations,
Dames M. Wells 00005889 Print Name of Responsible Licensee and License No.	8.29-15 Date	Jang r. (nsee

	STATE WELL REPORT			
County: Laner	Part 2	For Office Use Only:		
Permit #:	Pump Installer's Completion Report	well #: <u>B124</u>		
Driller: James M. Wells	Mississippi Department of Environmental Quality Office of Land and Water Resources	Well #: 1) 102 4		
Date completed: 7-18-15	P.O. Box 2309	Aquifer:		
Copy information from block on Part 1	Jackson, MS 39225-2309 (601)961-5210	Aquiter:		
	(601) 360-0535 (fax)			
This part of the report must be completed of the report must be attached and both <u>j</u>	d by a licensed water well contractor or a licensed pu parts filed with the Department at the above address y	mp installer. A copy of Part 1 within 30 days of well completion.		
Well Owner Information		Location		
Owner Name: Matt Hende	Latitude: 31°25.097 Lo	ngitude: 089°27.707_		
Mailing Address:	Method of Lat/Long (check one	e): Conventional Survey,		
2223 Hwy 42	USGS guad, Hand-held C	GPS, Survey-grade GPS		
Sumrall MS City State	39482 NE 1/ N/N 1/4 Sec	12 T 5N R 15W		
City State	Zip Code (O wiles E	* Summell		
Telephone No. (1001) 516-000	9 (Distance) (Direction)	of <u>Sumpall</u> (Nearest Town)		
	Pump Type (circle one)	· · · · · · · · · · · · · · · · · · ·		
Submersible Turbine Air Lift Centrifu	ugal Flowing Well Jet Piston Rotary Other (d	escribe):		
Date Pump Installed: 7-18-15	Rated Pump Capacity:	Gallons Per Minute		
Is This Pump (circle one): New Rep	paired Replacement			
	Power Type (circle one)			
Electric Diesel Gasoline Natural Gas	Tractor PTO Windmill Other (describe):			
Horse Power Rating of Motor:	Setting Depth: <u>130</u> feet Numbe	r of Stages:		
	Pump Test Data for Non Flowing Well	······································		
Date Well Tested: 7-18-15	Duration of Pump Test (minin	mum 4 hours):hours		
Static Water Level (A): _100Fee	t Below Land Surface Pumping Water Level (B):	<u>130</u> Feet Below Land Surface		
Drawdown [(B) - (A)]: 1230	Feet Below Land Surface Test Pumping Rate:	Gallons Per Minute		
	eel tape Electric tape Air line Other (describe):	•		
	Pump Test Data for Flowing Well			
Measured shut in head:feet	Measured shut in head:feet.			
Well yieldedGPM with a c	Irawdown of feet after	_hours of pumping		
Meter Installation				
Meter Manufacturer:		:		
Meter Manufacturer:				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
Installation Date: Meter installed by:				
Is This Meter (circle one): New Re				
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.				
For agricultu	ral wells, a list of approved meters is on the MDEQ v	vebsite.		
I HEREBY CERTIFY that the above states	ments are true to the best of my knowledge.			
James M. Wells 00005889 8.29.15 James M. Wells Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pump Installer				
Right Name of Pump Installer and Licen	se No. (<i>if applicable</i>) Date Sign	ature of Pump Installer		

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